

J. L. FAIRBANKS & CO.
Stationers
43 FRANKLIN STREET
—BOSTON—

1 PLACE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

County Suffolk
 Township Winthrop.
 or
 Village _____
 or
 City _____

(No. 1928 Station Hospital, Ft. Banks, Mass., _____ Ward)

Registered No. 1
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Francis Dureault

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)

6 DATE OF BIRTH Unknown (Month) _____ (Day) 1 (Year) _____

7 AGE 21 yrs. ____ mos. ____ ds. If LESS than 1 day, ____ hrs. OR ____ min. ?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Soldier, U.S. Army.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) City, Unknown. Massachusetts

PARENTS
 10 NAME OF FATHER Unknown
 11 BIRTHPLACE OF FATHER (State or country) Unknown
 12 MAIDEN NAME OF MOTHER Unknown
 13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Off. Records U.S. Army.

(Address) _____

15 Filed Jan 18, 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 5, 1928
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from December 21, 1927, to January 5, 1928,
 that I last saw him alive on January 5, 1928,
 and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

Thrombosis, of right spermatic vein-post operative.

Inguinal hernia on rt. side
 (Duration) ____ yrs. ____ mos. 8 ds.

Contributory Embolism pulmonary right inferior pulmonary artery. (SECONDARY) (Duration) One half hours

(Signed) W.K. Turner, M. D.
W.K. Turner, Capt. M.C.U.S. Army.
January 6, 1928 (Address) Fort Banks, Mass.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. 27 ds. State Unknown yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death? Ft. Banks, Mass.

Former or usual residence Ft. Rodman, Mass./

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Lowell Mass

1/17, 1928

20 UNDERTAKER

ADDRESS

C. B. Brown

Worcester

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to such and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ----- (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (mere symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Reverber wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

1 PLACE OF DEATH

County

~~Suffolk~~ *Suffolk* State *Massachusetts*

(City or town)

Registered No. *2*

City or Town

*Boston*No. *169**Grovers Ave*

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John F. Lapham

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. *169 Grovers Ave*

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*married*5a If married, widowed or divorced
HUSBAND of
(or) WIFE of*Annie M. Sherman*

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.*64**11**3*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Grain Broker*

(b) Name of employer

8 BIRTHPLACE (City)

*South Dartmouth
Mass*

(State or country)

9 NAME OF
FATHER*John Allen Lapham*10 BIRTHPLACE OF
FATHER (City)*South Dartmouth*

(State or country)

11 MAIDEN NAME
OF MOTHER*Sylvia H. Sherman*12 BIRTHPLACE OF
MOTHER (City)*South Dartmouth
Mass*

(State or country)

13

Informant

Mrs Annie M. Lapham

(Address)

169 Grovers Ave. Winthrop Hds

14

Filed

Jan 18/28

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory
standard certificate of death was filed with me
BEFORE the burial or transit permit was issued*Wm. L. Childress**L. S.*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan

(Month)

5

(Day)

1928

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan. 5, 1928, to *Jan 5*, 1928,that I last saw him alive on *Jan 5*, 1928,and that death occurred, on the date stated above, at *7:30 P. m.*

The CAUSE OF DEATH was as follows:

Chronic interstitial nephritis(duration) *3* yrs. mos. ds.CONTRIBUTORY
(SECONDARY)*Arteriosclerosis & cystitis*(duration) *Undetermined* yrs. mos. ds.17 Where was disease contracted
if not at place of death?*FOR WHAT?*Did an operation precede death? *no* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *Lab. & clinical*

(Signed)

T. E. W. Layton

M. D.

(Address)

Winthrop, Mass.

Date

Jan 6 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

South Dartmouth Mass

(Cemetery)

(City or town)

DATE OF BURIAL

Jan. 7, 1928

19 UNDERTAKER

ADDRESS

J. S. Waterman & Son Boston

Official position

*Health Officer*Date of
issue*1/6/28*

Permit

NO. *1347*

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Coal miner, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meselas*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meselas* (disease causing death), *29 ds.* *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, relating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

City or town

No.

(City or town)

Registered No.

(Place of death)

Registered No.

(Place of residence)

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

(Usual place of abode)

City or Town

No.

St.

Length of residence in city or town where death occurred

years

months

2 days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed, or divorced

Name of { HUSBAND (or) WIFE

6 AGE

Years

Months

Days

If LESS than 1 day, ... hrs. or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (city or town)

(State or country)

13 Informant

(Address)

14 Filed

Filed

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows: (State fully)

Cancer of Prostate

(duration) yrs. mos. da.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. da.

17 Where was disease contracted if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Wash. - Jan. 6. 1928

Jan. 6. 1928

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Winthrop

No.

Community Hospital

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John W. Lealby

(If U. S. War Veteran, specify WAR)

(a) Residence No.

Community Hospital

St.,

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widower

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Esther B.

6 AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.

70

1

27

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Nurse-taker

(b) Name of employer

Community Hospital

8 BIRTHPLACE (City)

(State or country)

Concord N. H.

9 NAME OF
FATHER

Sherman P. Lealby

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Concord N. H.

11 MAIDEN NAME
OF MOTHER

Martha Crowell

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Concord N. H.

13 Informant

(Address)

Community Hospital

Winthrop St.

14 Filed

Jan 18/28

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. D. Childress

Official
position

Health Officer

Date of
issue
of permit

1/7/28

Permit
No.

1349

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

January 6 1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Dec 14 1927 to Jan 6 1928

that I last saw him alive on

Jan 6 1928

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

L. Broncho Pneumonia

CONTRIBUTORY
(Secondary)

Chronic Valvular Disease (duration) --- yrs. --- mos. --- ds.

+ Arterio Sclerosis (duration) --- yrs. --- mos. --- ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

No For what

Date of operation

Was there an autopsy

No

What test confirmed diagnosis

Clinical

(Signed)

C. E. & J. S. Brown, M. D.

(Address)

123 New Street

Date

Jan 7 1928 Winthrop

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

River Hill Concord N. H.

(Cemetery)

(City or town)

Jan 7-28

19 UNDERTAKER

Frank E. Brown

ADDRESS

Winthrop

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *physician*, *compositor*, *architect*, *locomotive engineer*, *civil engineer*, *stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Malaria*; *Whooping cough*; etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Heart failure," "Congestional," "Senile," etc.; "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Mania," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicaemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000, 9-26, NO. 6973

Winthrop

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 5
City or Town Boston No. 118 Ward 4
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Angus Mac Phee
(If U. S. War Veteran, specify WAR)
(a) Residence, No. 119 Revere St., 1 Ward, _____
(Usual place of abode)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days.

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Male
4 COLOR OF RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5a If married, widowed or divorced HUSBAND of _____ (or) WIFE of Mary
6 AGE Years 63 Months _____ Days _____ IF LESS than 1 day, _____ hrs. _____ min.
IF STILLBORN, enter that fact here
7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Carpenter
(b) Name of employer
8 BIRTHPLACE (City) East Bay (State or country) C. B.
9 NAME OF FATHER Hugh
10 BIRTHPLACE OF FATHER (City) East Bay (State or country) C. B.
11 MAIDEN NAME OF MOTHER Margaret McNeil
12 BIRTHPLACE OF MOTHER (City) East Bay (State or country) C. B.
13 Informant Mrs. M. M. Phee (Address) 119 Revere St.
14 Filed Jan. 14, 1928 REGISTRAR
20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress

MEDICAL CERTIFICATE OF DEATH
15 DATE OF DEATH January 9, 1928
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1927 to Jan. 9, 1928
that I last saw him alive on Jan. 8, 1928
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH was as follows: (State fully) Carcinoma of spine + lungs.
(duration) 1 yrs. _____ mos. _____ ds.
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.
17 Where was disease contracted if not at place of death _____
Did an operation precede death _____ For what _____
Date of operation _____
Was there an autopsy If under one year, was infant Breast Fed?
What test confirmed diagnosis _____
(Signed) E. W. Brown M. D.
(Address) 20 Congress St.
Date Jan 10, 1928
18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross, Malden DATE OF BURIAL 1-11-28
(Cemetery) (City or town)
19 UNDERTAKER Fred A. Magrath ADDRESS East Boston
Official position Health Officer Date of issue of permit 1/10/28 Permit No. 133 D

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation). Examining always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asbema," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Icterus," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL, septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

City or Town

~~Boston~~

Winthrop No. 45, Enfield Road

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John M. Simpson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

45 Enfield Rd.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

6 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Marie Simpson

6 AGE

Years

Months

Days

If LESS than

1 day, ___ hrs.
or ___ min.

60

5

27

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Lumber Merchant

(b) Name of employer

8 BIRTHPLACE (City)

Brewer

(State or country)

Maine

9 NAME OF
FATHER

James M. Simpson

10 BIRTHPLACE OF
FATHER (City)

Brewer

(State or country)

Maine

11 MAIDEN NAME
OF MOTHER

Caroline Kent

12 BIRTHPLACE OF
MOTHER (City)

Cheyenne

(State or country)

Maine

13

Informant

Marie Simpson
Winthrop

(Address)

14

Filed

Jan. 15/28
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

William H. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan

9

1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan

1

1928

to Jan 9

1928

that I last saw him

alive on

Jan 9

1928

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia.

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY

(SECONDARY)

Influenza

(duration) ___ yrs. ___ mos. 9 ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? No Date of

Was there an autopsy? No

If under one year, was infant Breast Fed?

What test confirmed diagnosis? Chest Operation

(Signed)

Raymond E. Carter, M. D.

(Address)

Winthrop Maine

Date

Jan

(Month)

11

(Day)

1928

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Jan. 11, '28

19 UNDERTAKER

C. A. Rollins

ADDRESS

Boston

Official
position

Agent

Date of
issue
of permit

1/11/28

Permit
NO.

1357

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the certificate will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary first-mate*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Steamman*; (d) *Grocery*; (e) *Foreman*; (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Peeler," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid as *Housekeepers* or *Housewives*), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING death (the primary affection with respect to time and causation). Examining always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleurisy"); *Diphtheria* (avoid use of "Croup"); *Cerebrospinal meningitis*; "Typhoid pneumonia"; *Lobar pneumonia* (never report "Typhoid pneumonia," unqualified, is indefinite); *Monia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *monia*, *peritonaeum*, etc.; *Carcinoma*, *Sarcoma*, etc.; (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 days*; *Bronchopneumonia* (secondary), *10 days*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.; "Dropsy," "Eston," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by physician or officer and the date of his death....—Gen. Laws, Chap. 46, Sec. 6.

No undertaker or other person shall bury a human body... until he has received a permit from the board of health or its agent... or... from the clerk of the town where the person died. No such permit shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

1162

7

City or Town

~~Boston~~ Winthrop

No.

949 Shirley Street, Winthrop

Post,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Thomas F. Meagher

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

949 Shirley Street

St.,

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

2 years

months

days.

How long in U. S., if of foreign birth?

6 years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

66

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Blacksmith,

(b) Name of employer

8 BIRTHPLACE (City)

Halifax,

(State or country)

Nova Scotia

9 NAME OF
FATHER

John Meagher

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Ellen Condon

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

John Meagher

(Address)

949 Shirley Street, Winthrop

14

Filed

Jan 8/28

(Month)

(Day)

(Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

January 10 1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

July 6 1927, to **January 10 1928**

that I last saw him alive on **January 10 1928**

and that death occurred, on the date stated above, at **7:30 P. M.**

The CAUSE OF DEATH was as follows: (State fully)

Chronic Interstitial Nephritis

CONTRIBUTORY

(Secondary)

(duration).....yrs.....mos.....ds.

(duration).....yrs.....mos.....ds.

17 Where was disease contracted

if not at place of death

Did an operation precede death? **No** For what

Date of operation

Was there an autopsy

If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed)

Jacob J. Meagher, M.D.

(Address)

152 Shirley Street

Date

January 11, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Josephs, Boston

Jan 12, 1928

(Cemetery) (City or town)

19 UNDERTAKER

ADDRESS

Richard E. Kirby East Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm D. Childress

Official position

Health Officer

Date of

issue

of permit **1/12/28**

Permit

No. **1352**

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent stored or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salemian*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not grudgingly employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Sedle" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Medical Examiner's Certificate of Death

Boston
(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County **Suffolk** State **Boston** Registered No. **299** Registered No. **299**
 City or Town **Boston** No. **BOSTON CITY HOSPITAL** St., **Ward**
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **REBECCA BARON**

(a) Residence. No. **214 SHIRLEY** (If in the Army or Navy of the United States, give rank, organization, etc.)
 (Usual place of abode) St., **Ward.** **WINTHROP, MASS.**
 (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **M.**

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

HARRIS

6 AGE **75** Years Months Days If less than 1 day, ... hrs. or ... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **HOUSEWORK**
 (b) Name of employer

8 BIRTHPLACE (city or town) **RUSSIA**
 (State or country)

9 NAME OF FATHER **JACOB PIKE**

10 BIRTHPLACE OF FATHER (city or town) **RUSSIA**
 (State or country)

11 MAIDEN NAME OF MOTHER **TRINA**

12 BIRTHPLACE OF MOTHER (city or town) **RUSSIA**
 (State or country)

13 Informant **H. BARON**
 (Address) **214 SHIRLEY ST. WINTHROP**

14 Filed **JAN 13, 1928** **E. W. M. Glenew**
 Registrar of city or town where death occurred
 Filed **Jan. 19, 1928**
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JAN 10, 1928**
 (Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

CHRONIC ASTHMA---DIABETES---**ARTERIO SCLEROSIS****FRACTURED FEMUR---ACCIDENTAL FALL ON FLOOR.**

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) **TIMOTHY LEARY** M.D.

(Address) **BOSTON**

Medical Examiner for **SUFFOLK**

Date **JAN. 11, 1928**
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
(OHEL JACOB) WOBURN

DATE OF BURIAL
1-11-28
 (Month) (Day) (Year)

19 UNDERTAKER
MANUEL STANETSKY

ADDRESS

20 Burial permit issued by

Official position

21 Date of issue

Rebecca Barber
Jan. 10. 1928.

BOSTON

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Registered No. 467

(Place of death)

County Suffolk

State Massachusetts

Registered No. 9

(Place of residence)

City or town Boston

No. PETER BENT BRIGHAM HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME CHARLES CARRO

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS.

City or Town WINTHROP No. 93 CREST AVE. St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

M.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ROSE

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

50

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

DIAMOND SETTER

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

RUSSIA

9 NAME OF
FATHER

MAX CARRO

10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

RUSSIA

11 MAIDEN NAME
OF MOTHER

MINNIE LIFSKITZ

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

RUSSIA

13

Informant SAMUEL CARRO

(Address) OLD SOUTH BLDG. BOSTON

14

Filed JAN. 18, 1928

Registrar of city or town where death occurred

Filed Jan. 19, 1928

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

JAN. 16, 1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from
JAN. 13, 1928 to JAN. 16, 1928

that I last saw him alive on JAN. 16, 1928

and that death occurred, on the dated stated above, at m.

The CAUSE OF DEATH was as follows:

CHRONIC NEPHRITIS

VALVULAR HYPERTENSION

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy? NO

What test confirmed diagnosis? CLINICAL

(Signed)

LESLIE H. WRIGHT

, M. D.

(Address)

Date JAN. 16, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(PRIDE OF JACOB) BOSTON
(Cemetery) (City or town)

DATE OF BURIAL

1-12, 1928

19 UNDERTAKER

MANUEL STANETSKY

ADDRESS

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* but in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, factory.* The material worked on may form the part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in the domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed of given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *99 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Infarction," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary," if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health. . . . No such permit from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, naming the facts accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

WINTHROP

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

10

City or Town

WINTHROP

No.

Community Hosp. WINTHROP

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Cecilia

Holzman

(If U.S. War Veteran, specify WAR)

(a) Residence. No.

26 Beacon

St.

Ward,

Winthrop

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

2

years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

females

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed or divorced

(or) WIFE of

Benjamin Holzman

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

33

7

IF STILLBORN, enter that fact here

also stillborn (female)

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

housewife

(b) Name of employer

8 BIRTHPLACE (City)

Newark

(State or country)

New Jersey

9 NAME OF
FATHER

William Levy

10 BIRTHPLACE OF
FATHER (City)

New York

(State or country)

NY

11 MAIDEN NAME
OF MOTHER

Harriet Levy

12 BIRTHPLACE OF
MOTHER (City)

Newark

(State or country)

NY

13 Informant

Benjamin Holzman

(Address)

26 Beacon St. Winthrop

14 Filed

Jan 18/28

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me

BEFORE the burial or transit permit was issued

W.W. Childress

Official position

agent

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

1 17 1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

December 15, 1927, to January 17, 1928

that I last saw her alive on

January 17, 1928

and that death occurred, on the date stated above, at

7:30 p. m.

The CAUSE OF DEATH was as follows: (State fully)

Post-partum hemorrhage

CONTRIBUTORY
(Secondary)

Death of foetus

17 Where was disease contracted
if not at place of death

Yes For what expulsion of fetus

Date of operation

January 17, 1928

Was there an autopsy

No

I under one year, was infirm

What test confirmed diagnosis

(Signed)

Jacob Abrams

(Address)

562 Shirley Street, Winthrop

Date

January 17, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Rose Hill Cemetery, Elizabeth

(Cemetery)

(City or town)

Mass. NY

DATE OF BURIAL

1/19/28

19 UNDERTAKER

David Saklad

ADDRESS

Chelsea

Date of

issue

1/17/28

Permit

No. 1353

Jan. 1. 1728

EXTRACTS

FROM THE LAWS OF THE

GOVERNING THE

A physician or registered hospital medical officer shall forth-

first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *confectioner*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Sideman*, *fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Farman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report, specifically the occupations of persons engaged in domestic service for wages, as *At school* or *At home*. Care should be taken to report, specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease, state *Former*, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *Not*.

for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

GOVERNING THE

A physician or registered hospital medical officer shall forth-

Sec. 9.

to the manner or cause of the death, as amended.

violence.—Gen. Laws, Chap. 38, Sec. 6.

of death.—*Gen. Laws, Chap. 38, Sec. 7.*

G. L., as amended.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

~~BOSTON~~

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

11

City or Town

Winthrop
Boston

No.

Winthrop Community Hosp

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Female Holzman

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

26 Beacon St

St.

Ward

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years months days

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
of.....min.

IF STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Winthrop
Mass

9 NAME OF
FATHER

Benjamin

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Newark
N. J.

11 MAIDEN NAME
OF MOTHER

Cecilia Levy

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Newark
N. J.

13 Informant

(Address)

Benjamin Holzman
26 Beacon St

14 Filed

(Month) (Day) (Year)

Jan 18/28

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. H. Childress

Official position

Agent

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

1/17/1928

16 I HEREBY CERTIFY, That I attended deceased from

January 17, 1928, to January 17, 1928

that I last saw him alive on January 17, 1928

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows: (State fully)

Still-born (full term)

(duration) yrs mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

Under one year, was infant Breast Fed?

(Signed)

Jacob Abrams

(Address)

Date

1562 Shirley Street, Winthrop

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Rose Hill Cemetery, Chelsea, Mass

DATE OF BURIAL

1/17/28

19 UNDERTAKER

David Sack

ADDRESS

Chelsea, Mass

Date of
issue
of permit

1/17/28

Permit
No.

1354

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Never return "Laborer," "Port-form part of the second statement. Never return "Laborer," "Port-man," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus, *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Cancer* is less definite; avoid use of, "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; of "Chronic reticular heart disease"; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Coma," "Convulsions," "Tetanic," "Atrophy," "Collapse," "Coma," "Convulsions," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

Registered No. 636
(Place of death)County Suffolk

State _____

Registered No. 2
(Place of residence)City or town BostonNo. HAYMARKET RELIEF STATION St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME NORA HUDSON

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. THORNTON PK. St. _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE _____ 5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) _____
F. W. W.5a If married, widowed, or divorced
Name of { HUSBAND
(or) WIFE

FREDERICK

6 AGE _____ Years _____ Months _____ Days _____
1 day, ... hrs. or ... min.
68If LESS than
1 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSEKEEPER
(b) Name of employer _____8 BIRTHPLACE (city or town) _____
(State or country)

IRELAND

9 NAME OF FATHER

TIMOTHY SCULLY

10 BIRTHPLACE OF FATHER (city or town) _____
(State or country)

IRELAND

11 MAIDEN NAME OF MOTHER

ELLEN UNKNOWN

12 BIRTHPLACE OF MOTHER (city or town) _____
(State or country)

IRELAND

13 Informant FRED CURTIS(Address) THORNTON PK. WINTHROP14 Filed JAN. 24, 19 28 E. W. M. Glenen
Registrar of city or town where death occurredFiled Jan. 30, 19 28
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH JAN. 19 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

JAN. 19, 19 28 to JAN. 19, 19 28,that I last saw h ER alive on JAN. 19, 19 28,and that death occurred, on the date stated above, at 9 P m.
The CAUSE OF DEATH was as follows: (State fully)CEREBRAL HEMORRHAGE
(DR. MAGRATH CONSULTED)

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(SECONDARY) -----

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death _____

Did an operation precede death _____ For what _____

Date of operation _____

Was there an autopsy _____

What test confirmed diagnosis _____

(Signed) GEORGE R. MURPHY, M. D.

(Address) _____

Date JAN. 20, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

NEW GALVARY
(Cemetery) (City or town)

DATE OF BURIAL

1-23, 19 28

19 UNDERTAKER

ADDRESS

J. S. WATERMAN

Mora Hudson

Jan. 19. 1928.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop

1 PLACE OF DEATH

County Suffolk

State Mass

(City or town)

Registered No. 13.

City or Town Winthrop

No 95 Court Rd.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Louise Harwood

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 95 Court Rd.

St. Ward

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

24

3

26

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Cashier

(b) Name of employer

8 BIRTHPLACE (City) Warren

(State or country)

Mass

9 NAME OF
FATHER

Will A. Harwood

10 BIRTHPLACE OF
FATHER (City)

Warren Mass

(State or country)

11 MAIDEN NAME
OF MOTHER

Vinnie Delores Hbawlor

12 BIRTHPLACE OF
MOTHER (City)

No. Brookfield

(State or country)

Mass.

13

Informant Will A. Harwood

(Address)

95 Court RD.

14

Filed

(Month) (Day) (Year)

REGISTRAR

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1927, to Jan 22, 1928

that I last saw him alive on Jan 22, 1928

and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH was as follows: (State fully)

Pneumonia T.B.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis

(Signed) W. J. Mahoney, M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Pine Grove

(Cemetery)

Warren

(City or town)

DATE OF BURIAL

1/24/28

19 UNDERTAKER

John F. O'Malley Winthrop

ADDRESS

Official position Health Officer Date of issue of permit 1/23/28 Permit No. 1350

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. L. Childers

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "laborer," "foreman," "manager," "dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of illness, the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Cerebrospinal meningitis*; *Typhoid pneumonia*; *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria; Whooping cough; Chronic vesicular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptoms), "Collapse," "Convulsions," "Coma," "Exhaustion," "Heart failure," "Senile," etc.), "Dropsy," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicaemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Cambridge

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Middlesex

State

Mass.

Registered No. 106

(Place of death)

City or town Cambridge

No. Holy Ghost Hospital

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Mc Gurn

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

City or Town Winthrop No. 68 Crest

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

F

W.

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

68

--

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If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Candy Maker

(b) Name of employer

8 BIRTHPLACE (city or town)

Boston

(State or country)

Mass.

9 NAME OF
FATHER

Bernard

10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Ann Sheridan

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

Ireland

13

Informant Mrs C. Grady

(Address) 68 Crest Ave. Winthrop

14 Filed Jan 25 1928

Registrar of city or town where death occurred

Filed Jan 25 1928

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan 23 1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec 14, 1927, to Jan 23, 1928,

that I last saw her alive on Jan 23, 1928

and that death occurred, on the dated stated above, at 6 15 P. M.

The CAUSE OF DEATH was as follows:

Cancer of Breast

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) -- yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

home

Did an operation precede death? no Date of

Was there an autopsy? --

What test confirmed diagnosis?

Clinical

(Signed) Felix Mc Girr

, M. D.

(Address) 1436 Cambridge St.

Date Jan 24 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt Benedict Cem Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Jan 26 1928

19 UNDERTAKER

John F. O Maley

ADDRESS

Winthrop

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard and certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or from the clerk of the town where the person died: . . . **No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded,** which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. **If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon ap-**

No undertaker or other person shall bury a human body . . until he

plication make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 2.*

lence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.

—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or to whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized diseases, and those of persons found dead.

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness.

from disease unrelated to any form of injury.

(2) **Board of Health** **Fluoridation** will certify to said boards only those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or

whose physician is absent from home when the certificate of death is needed.

directly or indirectly by transmission (contaminated food, clothing, or bedding), or by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**City or town **Boston**

State _____

No. **N. E. HOSPITAL FOR WOMEN** St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No. **822**
(Place of death)Registered No. _____
(Place of residence)2 FULL NAME **LOUISE VERETT**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**
(Usual place of abode)City or Town **WINTHROP** No. **292 WINTHROP** St. _____

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **M.**5a If married, widowed, or divorced
Name of { HUSBAND
(or) WIFE **JOSEPH**6 AGE Years **73** Months _____ Days _____ If LESS than 1 day, ... hrs. or ... min. _____

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **NONE**
(b) Name of employer _____8 BIRTHPLACE (city or town) **ENGLAND**
(State or country)9 NAME OF FATHER **JAMES SHIPPERLY**10 BIRTHPLACE OF FATHER (city or town) **ENGLAND**
(State or country)11 MAIDEN NAME OF MOTHER **SUSAN**12 BIRTHPLACE OF MOTHER (city or town) **ENGLAND**
(State or country)13 Informant **HUSBAND**
(Address) **WINTHROP, MASS.**14 Filed **JAN. 30**, 1928 **EWM Glenen**
Registrar of city or town where death occurredFiled **7-11-3**, 1928 _____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JAN 26** 1928
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from **JAN 25**, 19**27**, to **JAN 26**, 1928.that I last saw h **ER** alive on **JAN 26**, 1928.and that death occurred, on the date stated above, at **8.55 P** m.
The CAUSE OF DEATH was as follows: (State fully)

LOBAR PNEUMONIA

(duration) _____ yrs. _____ mos. **5** da.CONTRIBUTORY **CHRONIC MYOCARDITIS**
(SECONDARY)(duration) **?** yrs. _____ mos. _____ da.

17 Where was disease contracted if not at place of death.

Did an operation precede death _____ For what _____

Date of operation _____

Was there an autopsy **NO**What test confirmed diagnosis **USUAL CLINICAL SIGNS**
(Signed) **MARJORIE WOODMAN**, M. D.

(Address) _____

Date **JAN. 26, 1928**18 PLACE OF BURIAL, CREMATION, OR REMOVAL
MARGAREE, N. S.
(Cemetery) (City or town)DATE OF BURIAL
1-28, 1928

19 UNDERTAKER

ADDRESS

J. S. WATERMAN & SONS

Journal of the

Jan. 26, 1928

301.
200,000, 9-26, NO. 6373
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

(City or town)

Registered No.

15

City or Town

~~Boston~~

No.

93 Shirley

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Celesta Ricupero

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

93 Shirley

St.

Ward

Winthrop, Mass

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed or divorced

HUSBAND or
(or) WIFE of

Nicola Ricupero

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

42

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Mirabella, Cilans
Italy

(State or country)

9 NAME OF
FATHER

Vesuele D'Ambrosio

10 BIRTHPLACE OF
FATHER (City)

Italy.

(State or country)

11 MAIDEN NAME
OF MOTHER

Anna Lopilato

12 BIRTHPLACE OF
MOTHER (City)

Italy

(State or country)

13

Informant

Nicola Ricupero-Husband

(Address)

93 Shirley St. Winthrop

14

Filed

Jan 31/28

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

Wm. L. Childress

Official
position

Health Officer

Date of
issue

1/30/28

Permit
No.

135

15 DATE OF DEATH

Jan. 28 1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

October 21 to Jan 24 1928

that I last saw him alive on Jan 24 1928

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

Chronic pleurisy
rheumatism and myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

It under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed) Eton P. Stange, M. D.

(Address)

342 Summer St.

Date

1/30/28 Boston, Mass.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Holy Cross Cemetery

(Cemetery)

(City or town)

Jan. 31, 1928

19 UNDERTAKER

ADDRESS

John Cincotti

Boston

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original statement, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, when the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 40, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Miner," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleia"; *Cerebrospinal meningitis*); *Diphtheria* (avoid use of "Croup"); *Cerebrospinal meningitis* (avoid use of "Typhoid pneumonia"); *Lobar pneumonia* (never report "Typhoid pneumonia"); *Lobar pneumonia* (never report "Typhoid pneumonia"); *unqualified, is indefinite*; *Tuberculosis of lungs, meninges, peritonium, etc.*; *Carcinoma, Sarcoma, Tuberculosis of lungs, meninges, peritonium, etc.*; *Carcinoma, Sarcoma, etc.* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.; "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

16, 225

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 16City or Town Wintthrop No. 63 Paine St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Peter A. Koutrouba(a) Residence. No. Wintthrop, 63 Paine St., Ward

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years 23 Months 2 Days x If less than 1 day, ... hrs. or ... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by

Official position

Health officer

21 Date of issue

Permit No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 29 1928
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Asphyxiation by Suspension, suicidal.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed)

George Benjamin Magath, M.D.

(Address)

Medical Examiner for

Date

Jan 29 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

(Month) (Day) (Year)

19 UNDERTAKER

ADDRESS

Walton Bros & H. Walter 546 Front

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

Peter A. Fournier
Jan. 29, 1928

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState Mass.(City or town)
Registered No. 17City or Town WinthropNo. 53 Read St.St., 1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anders Frederick Lindbohm

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 53 Read St.St., 1 Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

35 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)MaleWhiteMarried5a If married, widowed or divorced
HUSBAND of
(or) WIFE ofHanna C. Klason

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.77924

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workWatchman

(b) Name of employer

Retired

8 BIRTHPLACE (City)

(State or country)

Sweden9 NAME OF
FATHERCannot be learned Lindbohm10 BIRTHPLACE OF
FATHER (City)

(State or country)

Sweden11 MAIDEN NAME
OF MOTHERCannot be learned12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Sweden

13

Informant

Mrs. Hanna C. Lindbohm

(Address)

53 Read St. Winthrop, Mass.

14

Filed

Feb. 14/28

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedWm. L. Childress

15 DATE OF DEATH

Jan291928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec 1, 1927, to Jan 29, 1928,that I last saw him alive on Jan 28, 1928,and that death occurred, on the date stated above, at 5:45 P m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage(duration) ____ yrs. 2 mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? No Date of ____Was there an autopsy? NoWhat test confirmed diagnosis? Personal Examination

(Signed)

Raymond B. Parker, M. D.

(Address)

Winthrop, Mass.

Date

Jan

(Month)

31

(Day)

1928

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

WinthropWinthrop

(Cemetery)

(City or town)

DATE OF BURIAL

2/1/28

19 UNDERTAKER

Long & MargesonWinthropOfficial
positionHealth OfficerDate of
issue2/1/28

of permit

Permit
NO.1308

N. B. - While in plain, with original black ink this is a permanent record. Every item of information should be stated exactly. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2862-3.

Jan. 29, 1928

Approved by the U.S. Centers and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Saddlery*, (d) *Grocery*; (e) *Foreman*, (a) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housework, who receive a definite salary), may be entered as *House-keeper* who receive a definite salary, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scullery maid*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. Name, *first*, the **DEAD** CAUSING DEATH (the primary affection with respect to time and causation), always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleases"; *Cerebrospinal fever* (the only definite synonym is "Typhoid cerebrospinal meningitis"; *Typhoid pneumonia* ("Typhoid pneumonia"; *Typhoid fever* (never report); *Typhoid pneumonia*); *Lobar pneumonia*; *Broncho pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic calcareous heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Malaria* (disease causing death), *29 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (formerly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestional," "Senile," etc.), "Dropsy," "Erections," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal *Septicemia*," "Puerperal *Pyelitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary": If secondary, give primary cause.

Corticosteroids will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, gangrene, gas gangrene, gastritis, erysipelas, gonorrhea, hemorrhage, convulsions, necrosis, peritonitis, meningitis, miscarriage, neurosis, phlebitis, pneumonia, septicaemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—Gen. Laws, Chap.

No undertaker or other person shall bury a human body, . . . until he has received a permit from the board of health or its agent; . . . no such permit from the clerk of the town where the person died; . . . No such permit shall be issued until these shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) *Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.*

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease** resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Boston

City or town

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No. **STRONG HOSPITAL**

Registered No. **966**
(Place of death)

Registered No. **9**
(Place of residence)

St., **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **GEORGE L. LLOYD**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**
(Usual place of abode)

City or Town **WINTHROP** No. **19 WHELOCK** St.

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

S.

5a If married, widowed, or divorced

Name of { **HUSBAND**
(or) WIFE

6 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.
9

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**

(State or country) **MASS.**

9 NAME OF FATHER

GEORGE O.

10 BIRTHPLACE OF FATHER (city or town)

CAMBRIDGE

(State or country)

MASS.

11 MAIDEN NAME OF MOTHER

ETHEL MC LAUGHLIN

12 BIRTHPLACE OF MOTHER (city or town)

BOSTON

(State or country)

MASS.

13 Informant **FATHER**

(Address) **19 WHELOCK ST. WINTHROP**

14 Filed **FEB. 3**, 1928 **E. W. M. Glenew**
Registrar of city or town where death occurred

Filed **Feb 17**, 1928
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JAN. 31** 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

JAN. 22, 19 **28** to **JAN. 31**, 1928,

that I last saw him alive on **JAN. 30**, 1928,

and that death occurred, on the date stated above, at **6 A** M.

The CAUSE OF DEATH was as follows: (State fully)

CONGENITAL HEART

(duration) yrs. mos. **9** ds.

CONTRIBUTORY **ENLARGED THYROID**
(SECONDARY)

(duration) yrs. mos. **9** ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy **NO**

What test confirmed diagnosis **XRAY**

(Signed) **G. LYNDE GATELY**, M. D.

(Address)

Date **JAN. 31, 1928**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(WINTHROP) WINTHROP
(Cemetery) (City or town)

DATE OF BURIAL

2-1, 1928

19 UNDERTAKER

R. C. KIRBY

ADDRESS

George A. Lloyd.

Jan - 31. 1928

R-301
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
200,000, 9-28, NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk

State Mass

(City or town) _____
Registered No. 20

City or Town Winthrop

No. Winthrop Community Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lawrence P. Shannon

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 20 Neptune Ave. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

5

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City) Winthrop

(State or country) Mass

9 NAME OF
FATHER

Lawrence P. Shannon

10 BIRTHPLACE OF
FATHER (City)

Boston Mass

(State or country)

11 MAIDEN NAME
OF MOTHER

nora McCarthy

12 BIRTHPLACE OF
MOTHER (City)

Worcester M

(State or country)

Mass

13

Informant Lawrence P. Shannon

(Address) 20 Neptune Ave

14

Filed Feb. 14/28
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

1-30, 1928, to 2-3, 1928

that I last saw him alive on 2-3, 1928

and that death occurred, on the date stated above, at 4:40 m.
The CAUSE OF DEATH was as follows: (State fully)

Pyloric Stenosis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

Emaciation

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death no For what no

Date of operation no

Was there an autopsy no

What test confirmed diagnosis no

(Signed) Harry Aspell, M. D.

(Address) 200 Pleasant St

Date 2/3/28

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

2/3/28

19 UNDERTAKER

ADDRESS

John H. O'Malley Winthrop

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Official
position

Wm. D. Childress
Registrar

Date of
issue
of permit

2/4/28

Permit
No. 1357

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archivist, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (d) *Grocery*; (e) *Foreman*, (f) *Automobile factory*. Never return "Laborer," "Form part of the second statement. Never return more precise specification, man," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.* (*Carcinoma, Sarcoma, Tuberulous of* (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Sonic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Hæmiplegia," "Mansanus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPARTAL septicæmia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chlothrith, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or by the who is a member of the board of health, or application make the certificate selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered

(City or town)

City or Town

Boston

No.

84 Liberty St. Randolph - St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Bert Newland Huhu. Sergt. U.S.A.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

84 Liberty St. Randolph Mass

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Fannie Huhu

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

56

10

13

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Soldier

(b) Name of employer

U.S.A.

8 BIRTHPLACE (City)

(State or country)

Philadelphia.

9 NAME OF
FATHER

Samuel Plummer

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Phila

11 MAIDEN NAME
OF MOTHER

Emma Newland

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Pennsylvania

13

Informant

(Address)

Fannie Huhu
84 Liberty St. Randolph Mass

14

Filed

Feb. 14/28
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedWm. D. Childress
J. D.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb
(Month)5th
(Day)1928
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 20, 1928, to Feb. 5, 1928,

that I last saw him alive on Feb. 5, 1928,

and that death occurred, on the date stated above, at 6.05 p. m.

The CAUSE OF DEATH was as follows:

Tuberculosis, acute, pulmonary,
right upper lobe.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

Tuberculosis, acute, military
(duration) ____ yrs. ____ mos. 16 ds.17 Where was disease contracted
if not at place of death?

Unknown

Did an operation precede death?

No Date of

Was there an autopsy?

No

If under one year, was infant Breast Fed?
What test confirmed diagnosis?

Breast Fed - X-ray

(Signed)

W. H. Turner, M. D.

(Address)

77. Park St. Boston

Date

Feb. 5, 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Randolph
(Cemetery)Randolph
(City or town)

DATE OF BURIAL

2/2/28

19 UNDERTAKER

C. B. Benson

ADDRESS

Worcester

Official
position

Health Officer

Date of
issue

2/6/28

Permit
No.

1360

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease, CLARIFYING DATA, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphentria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of "Tumor" (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*, etc., of *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *da*; *Bronchopneumonia* (secondary), 10 *da*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of the last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . No such permit from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

(City or town)

City or Town

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Ward

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13 (Chief)

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb. 6, 1928, to Feb. 8, 1928,

that I last saw him alive on Feb. 7, 1928,

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH was as follows:

Angina pectoris

abauh
(duration)

/ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed)

T. T. Whayton

M. D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Oak Hill Cem. Woonsocket, R.I.

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 10/28.

19 UNDERTAKER

John A. Bismuth, Inc.

Official
position

Health Officer

Date of
issue
of permit

2/8/28

Permit
NO.

1361

Feb. 8. 1928

EXTRACTS

FROM THE LAWS OF THE

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorised person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—Gen. Laws, Chap. 46, Sec. 8.

No undertaker or other person shall bury a human body... until he has received a permit from the board of health or its agent... or... has received a permit from the board of health or its agent... No such permit shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the

No undertaker or other person shall bury a human body... until he has received a permit from the board of health or its agent... or... from the clerk of the town where the person died... No such permit shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate... The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 40.*

18, Chap. 28, Sec. 5.

28, *Chick. Dec. 1*

RULES OF PRACTICE

of practice:

ted to any form of injury.

THE JOURNAL OF THE

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

Registered No. 1315

(Place of death)

County Suffolk

State

Registered No. 23

(Place of residence)

City or town Boston

No. BOSTON CITY HOSPITAL

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME EDWARD MELANSON

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS.

(Usual place of abode)

City or Town WINTHROP

No. 186 LINCOLN

St.

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

S.

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE

6 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.

8

10

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town)

BOSTON

(State or country)

MASS.

9 NAME OF
FATHER

EDWARD

10 BIRTHPLACE OF
FATHER (city or town)

DIGBY

(State or country)

N. S.

11 MAIDEN NAME
OF MOTHER

ROSE THIBEAU

12 BIRTHPLACE OF
MOTHER (city or town)

DIGBY

(State or country)

N. S.

13

Informant
(Address)

FATHER

186 LINCOLN ST. WINTHROP

14

Filed FEB. 14, 1928

E. W. M. Glenew

Filed Feb. 27, 1928

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

FEB. 11

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

DEC. 17, 1927 to FEB. 11, 1928

that I last saw him alive on FEB. 11, 1928

and that death occurred, on the date stated above, at 7.10 A. M.

The CAUSE OF DEATH was as follows: (State fully)

SCARLET FEVER

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

BRAIN ABSCESS - MASTOIDITIS

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

YES

For what

BRAIN ABSCESS

Date of operation NOV. 15, 1927 AND DEC. 17, 1928

Was there an autopsy

What test confirmed diagnosis

(Signed)

E. H. PLACE

, M. D.

(Address)

Date

FEB. 11, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(HOLY CROSS) MALDEN

(Cemetery)

(City or town)

DATE OF BURIAL

2-12, 1928

19 UNDERTAKER

R. C. KIRBY

ADDRESS

PARENTS

may be properly classified. Exact statement of OCCUPATION is very important.

Edward Melanson

Feb. 11, 1928

should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662 3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

I PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Boston

No. 255

Pleasant St.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Nettie Alexander

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

255 Pleasant

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

13

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

66

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Minneapolis
Minn.9 NAME OF
FATHER

Joseph R. Alexander

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Topsham
Maine11 MAIDEN NAME
OF MOTHER

Mary Ward

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Minneapolis
Minn.

13

Informant

(Address)

John Alexander
Winthrop Mass

14

Filed

(Month) (Day) (Year)

Feb 24/28

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

William W. Childress

Official
position

Health Officer

Date of
issue
of permit

2/15/28

Permit
NO.

1362

15 DATE OF DEATH

Feb.

(Month)

13th

(Day)

'28

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

at intervals for 1 1/2 yrs, 19

that I last saw h. a. alive on

Feb 5

1928

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH was as follows:

Perinatal anaemia

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? ____ Date of ____

Was there an autopsy?

If under one year, was Infant Breast Fed?

What test confirmed diagnosis?

Record

(Signed)

W. D. Morrison

M. D.

(Address)

80 Princeton St.

Date

Feb. 16

'28

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Riverside Topsham Me

(City or town)

Feb. 16, '28

19 UNDERTAKER

ADDRESS

C. A. Rollins

51 Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Manager*, (b) *Dishier*, etc., without more precise specification, such as *Day laborer*, *Farm laborer*, *House—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupation of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness, the occupation has been changed or given up at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleef"; *Cerebrospinal meningitis*); *Diphtheria* (avoid use of "Croup"); *Cerebrospinal meningitis* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma, Sarcoma, Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 2.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until these shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 58, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 58, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Medfield

(City or town)

1 PLACE OF DEATH

Registered No. _____
(Place of death)County NorfolkState Mass.Registered No. 2
(Place of residence)City or town MedfieldNo. State hospital

St., _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter Barclay

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.City or Town WinthropNo. 177 Pauline

St. _____

(Usual place of abode)

Length of residence in city or town where death occurred 8 years 9 months 1 days.How long in U. S., if of foreign birth? 56 years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFEMargaret Trotter

6 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or min.87229

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workNone

(b) Name of employer

8 BIRTHPLACE (city or town) Ayershire,

(State or country)

Scotland9 NAME OF
FATHERRobert Barclay10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

Scotland11 MAIDEN NAME
OF MOTHERAgnes Reid12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

Scotland13 Informant State Hospital Records

(Address)

Medfield, Mass.Filed 3/3/28, 19 William H. Everett

Registrar of city or town where death occurred

Filed 3/5/28, 19

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH February 14, 1928.

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Jan. 1, 19 27, toFeb. 14,, 19 28.that I last saw him alive on Feb. 13, 19 28.and that death occurred, on the date stated above, at 5.05 a. m.
The CAUSE OF DEATH was as follows: (State fully)Double Lobar Pneumonia(duration) _____ yrs. _____ mos. 6 ds.CONTRIBUTORY
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted
if not at place of death.Did an operation precede death. No For what _____

Date of operation _____

Was there an autopsy NoWhat test confirmed diagnosis Phys. & Laboratory(Signed) Vicente A. Navarro, M. D.(Address) Medfield, Mass.Date Feb. 14, 1928.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

2/17/28

, 19

19 UNDERTAKER

C.R. Bennison

ADDRESS

Winthrop

may be properly classified. Exact statement of OCCUPATION is very important.

Peter Barclay
Feb. 14. 1928

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

1162

City or Town

Boston-Winthrop

3 Wilshire Street

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joseph J. Wood

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 3 Wilshire Street

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

5

years

months

days

How long in U. S., if of foreign birth?

45

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Virginia Delorey

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

85

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Quebec,

(State or country)

Canada

9 NAME OF
FATHER

Charles Wood

10 BIRTHPLACE OF
FATHER (City)

Quebec

(State or country)

Canada

11 MAIDEN NAME
OF MOTHER

Catherine (Unknown)

12 BIRTHPLACE OF
MOTHER (City)

Quebec,

(State or country)

Canada

13

Informant

Mrs. Mary A. Torrance

(Address)

3 Wilshire Street, Winthrop

14

Filed

7-4-28 (Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedW.D. Childers
9.3.9.

15 DATE OF DEATH

Feb.

16

1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb. 1, 1928, to Feb. 16, 1928,

that I last saw him alive on Feb. 14, 1928,

and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH was as follows:

Cerebral Anemia

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

If under one year, was Infant Breast Fed? ___

What test confirmed diagnosis?

(Signed) J. J. Kirby, M. D.

(Address)

Date Feb. 16, 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL

2/20/28

19 UNDERTAKER

ADDRESS

Richard C. Kirby East Boston

Official
position

Health Officer

Date of
issue of
permit

2/17/28

Permit
NO. 1368

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic typhus"; *Cerebrospinal meningitis*); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Pneumonia," "unqualified," *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Monia*, *Bronchopneumonia* ("Pneumonia," is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; etc., of (name origin; "Cancer" is less definite; avoid use of "Chronic valvular heart disease," *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasms," "Old age," "Shock," "Pneumia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal perforation," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)
Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, necrosis, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, pharyngitis, pyemia, septicemia, tetanus.

Dr. Mahoney, Winthrop & Washington Avenue, Winthrop

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:
(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

I PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lottie Eggleston

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 558 Ocean Ave. St.

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Clifton C. Eggleston

6 AGE

Years

Months

Days

IF LESS than
1 day, ___ hrs.
or ___ min.

77

x

x

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home

(b) Name of employer

8 BIRTHPLACE (City)

Edgecomb
Maine

(State or country)

9 NAME OF FATHER

James C. Ewer

10 BIRTHPLACE OF FATHER (City)

Filmington
Maine

(State or country)

11 MAIDEN NAME OF MOTHER

Eliza Tilden

12 BIRTHPLACE OF MOTHER (City)

Boston
Massachusetts

(State or country)

13

Informant

Ernest J. Eggleston

(Address)

558 Ocean Ave. Rm. 1

14

Filed

Feb 24/28

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me

BEFORE the burial or transit permit was issued

Wm. D. Chickering

15 DATE OF DEATH

FEBRUARY

17, 1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

JANUARY 1, 1928, to FEBRUARY 17, 1928,

that I last saw him alive on FEBRUARY 17, 1928

and that death occurred, on the date stated above, at 2:36 A.M.

The CAUSE OF DEATH was as follows:

SENILITY

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

CHRONIC MYOCARDITIS

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? FOR WHAT? Date of NO

Was there an autopsy? NO

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed)

Harold T. Maguire, M. D.

(Address)

520 Beach St. Boston

Date

February 17, 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Und. Hope

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Feb. 19, 1928

Boston

ADDRESS

19 UNDERTAKER

Charles R. Bennison

315 Broadway

Official position

Health Officer

Date of issue of permit

2/18/28

Permit NO.

1364

7-017-1928

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it need only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc.; (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until such facts shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 36, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemias), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 27
City or Town Boston No. 115 Upland Road St. — Ward —
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Harry Griffin

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 115 Upland Road St. — Ward. —
(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 12 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, OR DIVORCED (write the word)

Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of

Martha Griffin

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

76

5

21

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Doorman(b) Name of employer Sumner Club, Boston

8 BIRTHPLACE (City)

(State or country) England

9 NAME OF FATHER

William Griffin

10 BIRTHPLACE OF FATHER (City)

(State or country) England

11 MAIDEN NAME OF MOTHER

May Stevens

12 BIRTHPLACE OF MOTHER (City)

(State or country) England

13

Informant Martha Griffin
(Address) 115 Upland Road

14

Filed Feb. 24/28
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Childress
4-5

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 18 1928
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Feb 18, 1928,
that I last saw him alive on Feb 17, 1928,
and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease
Chronic Pneumonia, nephritis(duration) ___ yrs. 6 mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death? no Date of —Was there an autopsy? no

If under one year, was infant breast fed?

What test confirmed diagnosis? Phys. Chron. Dis.

(Signed)

Raymond B. Parker, M. D.

(Address)

Date Feb. 19 28
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL

Feb. 20, 1928

19 UNDERTAKER

Charles R. Bennett

ADDRESS

WinthropOfficial position Health Officer

Date of

issue

permit

3/20/28

Permit

NO.

1365

should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Grill engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, & yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc.; (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, a satisfactory written statement and record, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

plied. AGE statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2,00,000, 9-26, NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) 29
City or Town Winthrop No. 40 Wilshire St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie E. Woodward
(If U. S. War Veteran, specify WAR)

(a) Residence, No. 40 Wilshire St. Ward
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 22 years 2 months 29 days. How long in U. S., if of foreign birth? 22 years 2 months 29 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a If married, widowed or divorced HUSBAND or (or) WIFE of Charles E. Woodward
6 AGE Years 67 Months 3 Days 29 IF LESS than 1 day.....hrs. or.....min.
IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At Home
(b) Name of employer
8 BIRTHPLACE (City) Jamaica Plain
(State or country) Mass.

9 NAME OF FATHER Charles D. MacCubbin
10 BIRTHPLACE OF FATHER (City) Baltimore
(State or country) Md.
11 MAIDEN NAME OF MOTHER Rachel G. Carrock
12 BIRTHPLACE OF MOTHER (City) cannot be learned
(State or country) Missouri

13 Informant Harold E. Woodward
(Address) 55 Franklin St. City
14 Filed Feb 24 1928
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W. W. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 21 1928
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from Jan 1927 to Feb 21 1928
that I last saw her alive on Feb 20, 1928
and that death occurred, on the date stated above, at 2 A m.
The CAUSE OF DEATH was as follows: (State fully) Carcinoma intestines

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arterio-sclerosis
chronic nephritis (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
Did an operation precede death yes For what Carcinoma
Date of operation Oct 1927
Was there an autopsy no

What test confirmed diagnosis
(Signed) C. M. Mearns M. D.
(Address) Gloucester
Date 2-22-28

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Forest Hills (Cemetery) (City or town)
DATE OF BURIAL Feb 23

19 UNDERTAKER A. E. Eastman ADDRESS Boston

Date of issue of permit 2/22/28 Permit No. 1366
Official position Agent

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomato), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misarrriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

30

City or Town

Boston

No.

330 Shirley

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Nunziata Colasusso

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

330 Shirley

St.,

Ward.

Winthrop Mass.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

77

X

X

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Domestic

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Italy

9 NAME OF FATHER

Crescenzo Tareta

10 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

11 MAIDEN NAME OF MOTHER

Maria Minchiello

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Italy

13

Informant

(Address)

Carmine Colasusso

330 Shirley St.

14

Filed

Mar. 4, 28

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

M. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb. 23, 1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

February 22, 1928, to Feb. 23, 1928,

that I last saw him alive on Feb. 23, 1928,

and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY
(SECONDARY)

Chronic Paronychia rephorized

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed)

J. J. Halsey

M. D.

(Address)

7 Beacon St. Boston

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Date of
issue
of permit

2/25/28

Permit

NO. 1370

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archivist, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatsoever, write *None*.

Statement of cause of death.—Name first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic interstitial heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *9 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inflammation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

15 DATE OF DEATH

(Month)

(Day)

(Year)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from

19, to 19,

that I last saw him alive on 19,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

(Address)

Date 1925

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

ADDRESS

19 UNDERTAKER

PARENTS

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Official
position

Date of
issue of permit

Permit
NO.

Feb. 24 1928

EXTRACTS

FROM THE LAWS OF THE

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the

No undertaker or other person shall bury a human body... until he has received a permit from the board of health or its agent... or... from the clerk of the town where the person died.... No such permit shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate... The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

00000000

any form of injury.

and dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

WINTER
BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

No.

90 Locust St

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alma, Armida - Stanton

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

90 Locust St

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

11

months

14

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

X

Months

11

Days

14

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Worcester
Mass9 NAME OF
FATHER

Leonard, H. V. Stanton

10 BIRTHPLACE OF
FATHER (City)

(State or country)

So. Boston
Mass11 MAIDEN NAME
OF MOTHER

Melamed, G. Hodgkins

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Charlestown
Mass

13

Informant

L. H. V. Stanton

(Address)

90 Locust St Boston

14

Filed

Mar 5/28
(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedWm. L. Childress
4-2

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb

24

1920
(Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 26, 1920, to Feb 24, 1920

that I last saw him alive on Feb 23, 1920

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH was as follows:

Bronchitis pneumonia

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. 9 ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed)

P. J. [Signature] M. D.

(Address)

Date

Feb 24 1920
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn Cemetery

Everett

DATE OF BURIAL

2/26/20

19 UNDERTAKER

C. R. Bennett

ADDRESS

Worcester

Official
position

Health Officer

Date of
issue
of permit

9/24/28

Permit
NO.

1319

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d day*; *Bronchopneumonia* (secondary), *10 day*. Never report mere symptoms or terminal conditions, such as "Asihonia," "Anoxia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposablely due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 1160 33
 City or Town Winthrop No. 68, Washington Ave St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alanson Dean Gardner
 (a) Residence. No. Winthrop, 68 Wash Ave Ward.
 (Usual place of abode) (If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred 6 years months days How long in U.S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Allen Edmunds

6 AGE Years 48 Months 48 Days If less than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
 (b) Name of employer Rhodes Bros, Brookline

8 BIRTHPLACE (City) Rockport,
 (State or country) Maine

9 NAME OF FATHER John Gardner

10 BIRTHPLACE OF FATHER (City) Maine
 (State or country)

11 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (City) Maine
 (State or country)

13 Informant Mrs. Francis Gardner
 (Address) 68 Washington Avenue, Winthrop

14 Filed Mar. 9/28 REGISTRAR
 (Month) (Day) (Year)

20 Burial permit issued by Van D. Childress Official position Health Officer

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 26 1928
 (Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Cause:
Heart disease, organic
(Sudden Death)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
 (Signed) J. B. Ryan, M.D.
 (Address)

Medical Examiner for Suffolk
 Date Feb. 26 1928
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Winthrop Cemetery, Winthrop
 (Cemetery) (City or town)

19 UNDERTAKER Richard O. Kirby ADDRESS East Boston

21 Date of issue 2/27/28 Permit No. 1374

RETURN OF CERTIFICATES OF DEATH

... No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 33, Sec. 7.*

(3) Medical Examiners will investigate and certify to all deaths supposedly due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)," "Heart disease, presumably coronary sclerosis. (Sudden death)."

Alanson Clean Clothes
 Jul. 26, 1928

30 3
information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

16,287 *Winthrop*
(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County *Suffolk* State *Mass* Registered No. *5*
City or Town *Winthrop* No. *282 Pleasant* St., *Pleasant* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ida Elvinda Wadsworth
(a) Residence. No. *Winthrop 282 Pleasant* Ward.
(Usual place of abode) (If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred years months *12* days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

15 DATE OF DEATH *Feb 26 1928*
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of *Edward P. Wadsworth*
(or) WIFE of

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

6 AGE Years Months Days
71 8 4
If less than 1 day, ... hrs. or ... min.

*Natural Causes: Characteristic
indeterminate, presumably
cardio-vascular disorder
(Heart Sudden)*

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *(House helper)*
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) *New Bedford Mass*

9 NAME OF FATHER *Samuel Martyn*

10 BIRTHPLACE OF FATHER (City)
(State or country) *Plymouth Mass*

11 MAIDEN NAME OF MOTHER *Elyia Belcher*

12 BIRTHPLACE OF MOTHER (City)
(State or country) *Salem Mass*

13 Informant *Martha P. Davison*
(Address) *4 Belcher St Winthrop*

14 Filed *Mar 8/28*
(Month) (Day) (Year) REGISTRAR

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) *Henry Bryan Smyth*, M.D.
(Address)

Medical Examiner for *Suffolk*
Date *Feb 26 1928*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Winthrop* DATE OF BURIAL *2/29/28*
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER *C R Burman* ADDRESS *Winthrop*

20 Burial permit issued by *Wm. L. Childress* Official position *Health Officer* 21 Date of issue *2/27/28* Permit No. *1372*

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk

State Mass.

Winthrop

(City or town)

Registered No. 35

City or Town Winthrop

No. 20 Bates Ave. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Fleming

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 20 Bates Ave.

St. Ward

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Joseph P.

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

67

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

Danvers

(State or country)

Mass.

9 NAME OF
FATHER

Daniel J. O'Neil

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Bridget Sullivan

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

Joseph P. Fleming

(Address)

20 Bates Ave.

14

Filed

Mar 2/28
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm D. Childers

Official
position

Health Officer

Date of
issue
of permit

2/28/28

Permit
No.

1376

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb. 27 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Feb. 23, 1928, to Feb 27, 1928

that I last saw h alive on Feb 27, 1928

and that death occurred, on the date stated above, at 11.30 AM m.
The CAUSE OF DEATH was as follows: (State fully)

Tubercular Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis

(Signed) D. J. O'Neil, M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hills Boston

(Cemetery)

(City or town)

DATE OF BURIAL

2/29/28

19 UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. An example: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Greenery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report merely symptoms or terminal conditions, such as "Asystolia," "Anemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, or from one cemetery to another until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original increment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a verdict, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such verdict shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—

Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—

Chap. 114, Sec. 46, G. L., as amended.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Essex

State

Mass.

City or town

Danvers

No.

Danvers State HospitalSt., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Charles Swinn

(a) Residence. State

Mass.

City or Town

Winthrop

No.

44 TOWN

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

22 days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAda Evans

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

51

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workMariner

(b) Name of employer

8 BIRTHPLACE (city or town)

Nova Scotia

(State or country)

9 NAME OF
FATHERJohn -----10 BIRTHPLACE OF
FATHER (city or town)Nova Scotia

(State or country)

11 MAIDEN NAME
OF MOTHERLilia Brown,12 BIRTHPLACE OF
MOTHER (city or town)Nova Scotia

(State or country)

13

Informant

Gertrude F. Smith,

(Address)

Hathorne

14

Filed

1919

Registrar of city or town where death occurred

Filed

Mar 7, 1920

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb. 27, 1919, to Feb. 27, 1919

that I last saw him alive on

Feb. 27, 1919and that death occurred, on the dated stated above, at 2.50 m.

The CAUSE OF DEATH was as follows:

Shock, Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clin. findings

(Signed)

Hathorne

, M. D.

(Address)

Date

Feb. 28, 1919

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

, 19

19 UNDERTAKER

ADDRESS

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, *factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant origin; "Cancer" is less definite; avoid use of "Tumor" for malignant origin; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *99 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary," If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard and certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the board of health, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, or is empowered by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or causes of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. (City or town)
City or Town Winthrop No. 71 Bowdoin Registered No. 37
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME May F. Ratigan Poor

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 71 Bowdoin St. Ward
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5a If married, widowed or divorced
HUSBAND of Joseph H. Poor
(or) WIFE of

6 AGE Years Months Days IF LESS than 1 day.....hrs. or.....min.
67

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) Manchester, England
(State or country)

9 NAME OF FATHER Patrick Ratigan

10 BIRTHPLACE OF FATHER (City) England
(State or country)

11 MAIDEN NAME OF MOTHER Catherine (Unknown)

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Joseph H. Poor
(Address) 71 Bowdoin St.

14 Filed Mar. 9/28
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 27 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1928, to Feb. 27, 1928
that I last saw h. a alive on Feb. 26, 1928

and that death occurred, on the date stated above, at 7 A m.
The CAUSE OF DEATH was as follows: (State fully)

Cerebral hemorrhage

(duration) yrs. mos. ds.
CONTRIBUTORY arteriosclerosis
(Secondary) embolism
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) Wm. D. Childress, M. D.

(Address) 7 Bowdoin St.

Date 2/27/28

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop, Mass.
(Cemetery) (City or town)

DATE OF BURIAL
2/29/28

19 UNDERTAKER Chas. R. Bennis
ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress Official position Health Officer Date of issue of permit 2/27/28 Permit No. 1373

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soldierman*, (b) *Greengery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Pealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asbestosis," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive"), "Stimle," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERINEAL SEPTICEMIA," "PERINEAL PERITONITIS," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death of the deceased, or as to any require....*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

21 Date of issue . . .

Prunella

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. . . . If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

DESCRIPTION (for unknown person).....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

Feb. 27, 1928
Arthur M. Clark

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State

Registered No. **1976**

(Place of death)

City or town **Boston**Registered No. **39**

(Place of residence)

No. **MASS. HOMEOPATHIC HOSPITAL** St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME **ROBERT J. SMITH**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **36 WILKSHIRE** St.

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **M.**

5a If married, widowed, or divorced

Name of **HUSBAND**
(or) WIFE **ROSE A.**6 AGE Years **69** Months _____ Days _____ If LESS than 1 day, ... hrs. or ... min. _____

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **LABORER**

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country) **IRELAND**

9 NAME OF FATHER

MATHEW SMITH

10 BIRTHPLACE OF FATHER (city or town)

(State or country) **IRELAND**

11 MAIDEN NAME OF MOTHER

ELIZABETH HOAR

12 BIRTHPLACE OF MOTHER (city or town)

(State or country) **IRELAND**13 Informant **FATHER**(Address) **818 SARATOGA ST.**14 Filed **JAN. 2**, 1928 **E. W. M. Glenew**Filed **Mar 8**, 1928 Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **FEB. 28** 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

FEB. 26, 1928, to **FEB. 28**, 1928,that I last saw him **1 M** alive on **FEB. 28**, 1928,and that death occurred, on the date stated above, at **10-15 P** m.

The CAUSE OF DEATH was as follows: (State fully)

BRONCHO PNEUMONIA (PRIMARY)

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy **NO**What test confirmed diagnosis **CLINICAL**(Signed) **C. A. POWELL**, M. D.

(Address)

Date **FEB. 29, 1928**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(HOLY CROSS) MALDEN
(Cemetery) (City or town)

DATE OF BURIAL

3-3, 1928

19 UNDERTAKER

DAVID J. DOOLEY

ADDRESS

may be properly classified. Exact statement of OCCUPATION is very important.

John F. Mann
Feb. 28, 1928

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County

~~Middlesex~~

Suffolk

State

Mass

Registered No.

46

City or Town

Winthrop

No. 159 Locust St.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Helen Gertrude Cheyne

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 159 Locust St

St. Ward. Winthrop

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

James H Cheyne

6 DATE OF BIRTH

Sept 4 1871

(Month)

(Day)

(Year)

7 AGE

56

Years

5

Months

25

Days

If LESS than

If STILLBORN, enter that fact here

1 day.....hrs.

If STILLBORN, state period of uterogestation.....mos.

or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work,
(b) General nature of industry,
business, or establishment in
which employed (or employer)

Housewife

(c) Name of employer

9 BIRTHPLACE (City)

Cambridge

(State or country)

Mass

10 NAME OF
FATHER

John Burns

11 BIRTHPLACE OF
FATHER (City)

Dublin

(State or country)

Ireland

12 MAIDEN NAME
OF MOTHER

Heanue

13 BIRTHPLACE OF
MOTHER (City)

Dublin

(State or country)

Ireland

14

Informant James H Cheyne

(Address) 159 Locust St Winthrop

15

Filed

7/11/28

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W.D. Childress

9.3.9.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb.

28

1928

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from

Feb. 19

1928, to

Feb. 28

1928.

that I last saw him alive on Feb. 28, 1928.

and that death occurred, on the date stated above, at 1:00 p.m.

The CAUSE OF DEATH was as follows:

Carcinoma of Liver + Bowels +
Breasts.

(duration) 1 yrs. 16 mos. 16 ds.

CONTRIBUTORY Broncho-Pneumonia
(SECONDARY)

(duration) yrs. 3 mos. 3 ds.

13 Where was disease contracted
if not at place of death?

Did an operation precede death?

Yes

Date of Feb. 12, 1927

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

Edward J. Granger.

M.D.

(Address)

78 Union St.

Date

Feb

28

1928

(Month)

(Day)

(Year)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Cambridge

Cambridge

DATE OF BURIAL

3/1/28

(Cemetery)

(City or town)

19

20 UNDERTAKER

154 Prospect St Cambridge Mass

ADDRESS

Official position

Health Officer

Date of
issue
permit

2/29/28

Permit

No. 1876.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

76.28.1928
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation. — Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer — Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death. — Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *pericerebrum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Malaria* (disease causing death), *89 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia,

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 89, Secs. 10 and 11, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 79, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 84, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Winthrop - Mass

No. 20, Beach Rd

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Raffaele Maffei

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

20 Beach Road

St.,

Ward.

Winthrop - Mass

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

2

years

months

days.

How long in U. S., if of foreign birth?

3

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of

WIFE of

Teresa De Marco

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

74

-

-

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Italy

9 NAME OF FATHER

Giovacchino Maffei

10 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

11 MAIDEN NAME OF MOTHER

Teresa De Marco

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Italy

13

Informant

Teresa Maffei / Wife

(Address)

20 Beach Road Winthrop

14

Filed

MAR 5 / 28

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

M. L. Cindress

H. B.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb. 29 - 1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec. 30, 1937, to Feb. 29, 1938,

that I last saw him alive on Feb. 29, 1938,

and that death occurred, on the date stated above, at 3:10 P. m.

The CAUSE OF DEATH was as follows:

Acute Degeneration of the Heart

(duration) yrs. mos. ds.

CONTRIBUTORY

Chronic Nephritis and

arterio-sclerosis (duration) 3 yrs. 2 mos. ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

If under one year, was Infant Breast Fed? No

What test confirmed diagnosis? Lab. & Physical signs

(Signed) Dr. F. J. Gannini

M. D.

(Address)

719 W. 10th St. Boston

Date

February 29 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Holy Cross Cem. Malden

(Cemetery)

(City or town)

March 3 - 1928

19 UNDERTAKER

Angelo Gannini

215 North St. Boston

Official position

Health Officer

Date of issue

of permit

3/2/28

Permit No.

1379

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (d) Grocery; (e) Foreman, (f) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic reticular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 28 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, relating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinbefore provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 8.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-301
should be carefully supplied. AGE should state EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

WINTHROP
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

42

City or Town

WINTHROP

No.

WINTHROP

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edward S. Freeman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

233 WINTHROP

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

40

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Marilla B. Freeman

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

71

6

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Assessor

(b) Name of employer

Town of WINTHROP MASS

8 BIRTHPLACE (City)

(State or country)

Plymouth Mass

9 NAME OF FATHER

Nathan al. S. Freeman

10 BIRTHPLACE OF FATHER (City)

(State or country)

Barnstable

Mass

11 MAIDEN NAME OF MOTHER

Lucy. Bruce

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Plymouth Mass

13 Informant

(Address)

Wife M. B. Freeman

233 Winthrop St WINTHROP

14 Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 1

1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July, 1927, to March 1, 1928,

that I last saw him alive on July 29, 1928,

and that death occurred, on the date stated above, at 5:50 a.m.

The CAUSE OF DEATH was as follows:

Carcinoma of Prostate

(duration) 5 1/2 yrs. - mos. - ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? ~~FOR WHAT?~~ Date of July 10, 1922

Was there an autopsy?

If under one year, was infant Breast Fed? ~~20~~ Removal of Prostate.

What test confirmed diagnosis?

(Signed) Dr. E. E. Johnson M. D.

(Address)

123 W. WINTHROP

Date

March 1 1928 WINTHROP

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

WINTHROP

(Cemetery)

WINTHROP

(City or town)

DATE OF BURIAL

Mar 4/28

19 UNDERTAKER

Chas. R. Benson

ADDRESS

WINTHROP

Official position

Health Officer

*Date of issue of permit

3/2/28

Permit NO.

1378

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; it should be used only when needed. As for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The maleman worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic tubercular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState Mass

(City or town)

Registered No. 43City or Town WinthropNo. Winthrop Community Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. McNeil

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 4 Ocean View EX.St., Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)FemaleWhiteWidowed5a If married, widowed or divorced
HUSBAND of
(or) WIFE ofHector

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
c..... min.49

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAT HOME

(b) Name of employer

8 BIRTHPLACE (City)

IRELAND

(State or country)

9 NAME OF
FATHERJOHN C. SULLIVAN10 BIRTHPLACE OF
FATHER (City)

(State or country)

IRELAND11 MAIDEN NAME
OF MOTHERMARY C'CONNOR12 BIRTHPLACE OF
MOTHER (City)

(State or country)

IRELAND

13

Informant

Hannah Sullivan

(Address)

4 Ocean View Extension

14

Filed

Mar 28/28
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issuedWm. D. Childress
Official
position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 1 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19,

that I last saw her alive on March 1, 1928and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH was as follows: (State fully)

Pneumonia - lobes(duration) yrs mos. 2 ds.CONTRIBUTORY
(Secondary)Myocarditis

(duration) yrs mos. ds.

17 Where was disease contracted
if not at place of deathDid an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis

Clinical

(Signed)

T. W. Kayton

, M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

CalvaryBoston

(Cemetery)

(City or town)

DATE OF BURIAL

3/4/28

19 UNDERTAKER

John F. O'Malley

ADDRESS

WinthropDate of
issue

of permit

3/3/28Permit
No.1380

(Approved by U. S. Census and American Public Health Association)

GOVERNING THE

1

man, "Mainger, Denier, etc. (which I have not seen). Women, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Housekeepers who are engaged in the duties of the household only (not paid home, who are engaged in the duties of the household only) may be entered as Housekeepers who receive a definite salary, may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. (If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

date on which surgical operation was undertaken.

mittee on Nomenclature of the American Association

septicerales, tetanus.

1

Sec. 9.

may require.—*Chap. 114, Sec. 45, G. L., as amended.*

violence.—*Gen. Laws, Chap. 38, Sec. 6.*

of death.—*Gen. Laws, Chap. 38, Sec. 7.*

G. L., as amended.

should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St.,

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 4, 1928, to March 4, 1928,

that I last saw him alive on March 4, 1928,

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? ☒ Date ofWas there an autopsy? ☒

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official position

Date of issue of permit

Permit NO.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or even up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, etc. (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting asphyxia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State

Registered No. **2171** (Place of death)Registered No. **45** (Place of residence)City or town **Boston**No. **BOSTON LYING IN HOSPITAL** St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME **MARION E. LIPSETT**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**
(Usual place of abode)City or Town **WINTHROP** No. **127 QUINCY AVE** St.

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **M.**

5a If married, widowed, or divorced

Name of { HUSBAND **ELMER**
{ (or) WIFE6 AGE Years Months Days If LESS than 1 day, . . . hrs. or . . . min.
25 **2** **18**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **HOUSEWIFE**

(b) Name of employer

8 BIRTHPLACE (city or town) **WINTHROP**
(State or country) **MASS.**9 NAME OF FATHER **WILLIAM A. Floyd**10 BIRTHPLACE OF FATHER (city or town) **WINTHROP**
(State or country) **MASS.**11 MAIDEN NAME OF MOTHER **HATTIE TUCKER**12 BIRTHPLACE OF MOTHER (city or town)
(State or country) **UNKNOWN**13 Informant **HUSBAND**
(Address) **127 QUINCY AVE. WINTHROP**14 Filed **MAR. 8**, 19 **28** **E. W. McGlenen**
Filed **Mar 23**, 19 **28** Registrar of city or town where death occurred
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **MAR. 5** 1928
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
MAR. 4, 19 **28** to **MAR 5**, 19 **28**,that I last saw h **ER** alive on **MAR 5**, 19 **28**,and that death occurred, on the date stated above, at **12.50 P** m.
The CAUSE OF DEATH was as follows: (State fully)**PERNICIOUS VOMITING OF PREGNANCY**
ACUTE NEPHRITIS

(duration) yrs. mos. ds.

CONTRIBUTORY **TOXEMIA--HYSTEROTOMY**
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death **YES** For what **3-5-28**

Date of operation

Was there an autopsy **YES**What test confirmed diagnosis **AUTOPSY**(Signed) **J. W. TIEDE**, M. D.

(Address)

Date **MARCH 5, 1928**18 PLACE OF BURIAL, CREMATION, OR REMOVAL
(WINTHROP) WINTHROP
(Cemetery) (City or town)DATE OF BURIAL
3-7, 19 **28**

19 UNDERTAKER

WALTER T. WHITE

ADDRESS

Mission C. export

March 5, 1925

1 PLACE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

County Suffolk
 Township Winthrop
 or
 Village _____
 or
 City _____

State of Massachusetts.Registered No. 478

[If death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

(No. Station Hospital, Ft. Banks, Mass. Ward)

2 FULL NAME James Marinelli,

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE,
MARRIED,
OR DIVORCEDSingle

(Write the word)

6 DATE OF BIRTH

November 22, 1900
 (Month) (Day) (Year)

7 AGE

28 yrs. 4 mos. -- ds.

If LESS than
1 day, --- hrs.
OR --- min. ?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work

Soldier,

(b) General nature of industry,
business, or establishment in
which employed (or employer)

U. S. Army9 BIRTHPLACE
(State or country)Pennsylvania10 NAME OF
FATHERMike Marinelli11 BIRTHPLACE
OF FATHER
(State or country)Italy12 MAIDEN NAME
OF MOTHERUnknown13 BIRTHPLACE
OF MOTHER
(State or country)Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Official Records.

(Address) _____

15

Filed March 27, 1928

REGISTRAR

11-3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 10, 1928.
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from
March 8, 1928, to March 10, 1928,

that I last saw him alive on March 10, 1928,
 and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction, acute, complete

severe. due to adhesions caused by
appendix operation several years ago

(Duration) --- yrs. --- mos. 8 ds.

Contributory
(SECONDARY)

1. Peritonitis, acute sero-fibrinous
severe; Septicaemia, acute general
severe. (Duration) --- yrs. --- mos. 8 ds.

(Signed)

W. K. Turner, Captain, M.C.U.S.A., M. D.
March 12, 1928 (Address) Fort Banks, Mass.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state
 (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OR RECENT RESIDENTS)

At place of death --- yrs. --- mos. --- ds. State --- yrs. --- mos. --- ds.

Where was disease contracted,
if not at place of death ?

Unknown

Former or
usual residence. ---

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Washington - D.C.3/15, 1928

20 UNDERTAKER

ADDRESS

Chas R. BennettWaltham

Health Officer 3/12/28 1382

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very
 important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ----- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anaemia" (merely symptom-

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Infantion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, haemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyæmia, septicæmia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-28. NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

(City or town)

Registered No.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence, No.

St.

Ward,

(If non-resident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

March 6, 1928 to March 10, 1928

that I last saw him alive on March 10, 1928

and that death occurred, on the date stated above, at 1:45 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Intestinal Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Official
positionDate of
issue
of permitPermit
No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The maternal worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Brucella pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congestive"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Hemiplegia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

303
information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

16,339

Medical Examiner's Certificate of Death

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Mass. Registered No. 106 Bartlett Rd
City or Town W. Northup No. 106 Bartlett Rd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Philip Mullen
(a) Residence. No. W. Northup, 106 Bartlett Rd, Ward.
(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U.S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years 70 Months Days If less than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 Burial permit

issued by

Official position

21 Date of issue

Permit No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 11 1928
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural causes. Cardio-vascular disease, probably coronary sclerosis.
(Found dead)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death

(Signed) Henry Bryan Dwight, M.D.
(Address)

Medical Examiner for

Date March 12 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

(Month) (Day) (Year)

19 UNDERTAKER

ADDRESS

John F. O'Malley W. Northup

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State

Registered No. **49**
(Place of death)City or town **Boston**Registered No. **2424**
(Place of residence)No. **MASS. HOMEOPATHIC HOSPITAL** St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME **WESLEY B. AGNEW**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **115 SUMMIT AVE.** St. _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **W.**

5a If married, widowed, or divorced

Name of { HUSBAND (or) WIFE **LUCY**6 AGE Years **55** Months _____ Days _____ If LESS than 1 day, ... hrs. or ... min. _____

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

SALESMAN

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

IRELAND

9 NAME OF FATHER

TWEEDIE AGNEW

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

IRELAND

11 MAIDEN NAME OF MOTHER

SARAH J. (UNKNOWN)

12 BIRTHPLACE OF MOTHER (city or town)

(State or country)

IRELAND13 Informant **CATHERINE HOCTOR**(Address) **16 DUNREATH ST. BOSTON**14 Filed **MAR. 15, 1928** *E. W. M. Glenew*
Registrar of city or town where death occurredFiled *Mar 23*, 1928 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **MARCH 12** 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

MARCH 8, 19 **28** to **MAR. 12**, 1928that I last saw him **1M** alive on **MARCH 12**, 1928

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows: (State fully)

SEPTIC BRONCHO PNEUMONIA

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

CHRONIC NEPHRITIS

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death

Did an operation precede death **NO** For what _____

Date of operation

Was there an autopsy **NO**What test confirmed diagnosis **CLINICAL AND LABORATORY**
(Signed) **C. A. POWELL** M. D.

(Address) _____

Date **MARCH 12, 1928**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(PITTSFIELD) PITTSFIELD
(Cemetery) (City or town)

DATE OF BURIAL

3-15, 1928

19 UNDERTAKER

ADDRESS

P. E. MURRAY

Wesley 18. Upriver

March 12, 1928

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

Registered No. 2458

(Place of death)

County Suffolk

State

Registered No. 50

(Place of residence)

City or town Boston

No. PETER BENT BRIGHAM HOSPITAL St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HYMAN STONE

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS.

(Usual place of abode)

City or Town WINTHROP No. 92 SHIRLEY St.

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

5a If married, widowed, or divorced

Name of HUSBAND (or) WIFE BESSIE

6 AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. 42

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

BUTCHER

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country) RUSSIA

9 NAME OF FATHER

LOUIS STONE

10 BIRTHPLACE OF FATHER (city or town)

(State or country) RUSSIA

11 MAIDEN NAME OF MOTHER

IDA -----

12 BIRTHPLACE OF MOTHER (city or town)

(State or country) RUSSIA

13 Informant MAX WEINBERG

(Address) 359 DUDLEY ST.

14 Filed MAR. 16, 1928 E. W. M. Glenew

Filed MAR 23, 1928 Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MARCH 13 1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

MARCH 9, 1928, to MARCH 13, 1928,

that I last saw him alive on MARCH 13, 1928,

and that death occurred, on the date stated above, at 11.30 P. M.

The CAUSE OF DEATH was as follows: (State fully)

MYOCARDITIS

(duration) 2 yrs. mos. ds.

CONTRIBUTORY BRONCHITIS---ASTHMA

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy NO

What test confirmed diagnosis CLINICAL AND LABORATORY

(Signed) CHARLES L. CLAY, M. D.

(Address)

Date MARCH 14, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

EVERETT JEWISH CEM. (Cemetery) (City or town)

DATE OF BURIAL

3-14, 1928

19 UNDERTAKER

MANUEL STANETSKY

ADDRESS

may be properly classified. Exact statement of OCCUPATION is very important.

Hyman Stone

March 13. 1928

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**No. **MASS. HOMEOPATHIC HOSPITAL** St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No. **2533**
(Place of death)Registered No. **51**
(Place of residence)2 FULL NAME **JEAN NELSON**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **20 SEYMAN ST.** St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED **S.** (write the word)

5a If married, widowed, or divorced

Name of { **HUSBAND**
(or) WIFE6 AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
11 **8** **11**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**(State or country) **MASS.**

PARENTS

9 NAME OF FATHER **JOSEPH A.**10 BIRTHPLACE OF FATHER (city or town) **BOSTON**(State or country) **MASS.**11 MAIDEN NAME OF MOTHER **JEAN SMITH**12 BIRTHPLACE OF MOTHER (city or town) **SCOTLAND**
(State or country)13 Informant **MRS. JEAN NELSON**(Address) **20 SEYMOUR ST. WINTHROP**14 Filed **MAR. 19, 1928** **E. W. M. Glenew**Filed **Mar 23, 1928** Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **MARCH 15** 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

FEB. 18, 19 **28** to **MARCH 15**, 19 **28**.that I last saw h **ER** alive on **MARCH 15**, 19 **28**.and that death occurred, on the date stated above, at **1-35 A**

The CAUSE OF DEATH was as follows: (State fully)

SCARLET FEVER
SEPTICEMIA

(duration) yrs. mos. ds.

CONTRIBUTORY **ACUTE NEPHRITIS**
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy **YES**What test confirmed diagnosis **USUAL CLINICAL-AUTOPSY**(Signed) **EDWARD C. SMITH**, M. D.

(Address)

Date **MARCH 15, 1928**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(HOLY CROSS) MALDEN
(Cemetery) (City or town)

DATE OF BURIAL

3-16, 19 **28**

19 UNDERTAKER

F. A. MAGRATH

ADDRESS

Jean Nelson
March 15. 1925-

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
 STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

(City or town)

Registered No.

59

City or Town

Boston

No.

Mamie Florida

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William T. Holmes

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

Northbrook

St.

Ward

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male White

Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Alice D.

6 AGE

Years

Months

Days

IF LESS than 1 day.....hrs. or.....min.

55

-

-

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Sea Captain

(b) Name of employer

Clyde S.S. Co.

8 BIRTHPLACE (City)

(State or country)

Machiasport
 Maine

9 NAME OF FATHER

Ezekiah Holmes

10 BIRTHPLACE OF FATHER (City)

(State or country)

Machiasport
 Maine

11 MAIDEN NAME OF MOTHER

Lois ?

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Maine

13

Informant

Alice D. Holmes

(Address)

Boxford Mass.

14

Filed

March 27/28

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 15 1928
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

19 to 19

that I last saw him alive on 19

and that death occurred, on the date stated above, at m.
 The CAUSE OF DEATH was as follows: (State fully)

Choking.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed) M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

March 25/28

19 UNDERTAKER

ADDRESS

Charles A. Benson

Official position

Date of issue of permit

Permit No.

144

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the remains thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STATE BOARD OF HEALTH OF FLORIDA

BUREAU OF VITAL STATISTICS

County Deade

Precinct _____

(Write name, not number)

or

Inc. Town Miami

or

City _____

Removal and Burial Permit

Permit No. 1386

Reg. Dist. No. 1151

Full name Willis T. Holmes; Age 55; Sex M; Color W

Disease causing Death drowning

Date of death 3/15, 1928

Removal to Gouldsboro, Fla., via _____

Undertaker W. L. Shelbourn Address _____

A Certificate of Death having been filed in my office in accordance with the Laws of Florida, I hereby authorize the removal and burial of the body of said deceased person as stated above.

Dated 3/19, 1928 Registrar's Signature [Signature]

Burial Permits must be delivered by the undertaker to the sexton or other persons in charge of the burial ground or cemetery where burial takes place. When the body is to be shipped to a distant point, requiring the service of a common carrier, in addition to the Removal Permit, the body must be accompanied by a Transit Label as required by the State Board of Health. For full particulars see Rules and Regulations governing the transportation of dead bodies.

Sexton's Signature _____ Date of Interment _____ 19 _____

This permit must be endorsed by the sexton and returned to the Local Registrar of his district within ten days. If there is no sexton or person in charge of burial ground, the undertaker or person acting as such, shall sign same as sexton, giving date of interment. Write across face of permit the words, "No person in charge," and return to Local Registrar of the district in which interment is made within ten days.

INSTRUCTIONS TO PASSENGER ACCOMPANYING REMAINS

This Burial and Removal Permit must be filled out by the Local Registrar of the registration district in which the death occurred from information stated on the Death Certificate, over his signature.

The transportation company's agent or baggagemaster must detach this portion of the permit and hand it to the person authorized to accompany the remains.

If the body is shipped by express, the express agent must detach this portion of the Transit Permit and attach it to the Waybill, as it must accompany the remains to its destination. The receiving agent to turn over this Permit to the receiving undertaker, or person to whom the body is delivered.

The passenger accompanying the remains must deliver this Permit to the undertaker or person having charge of the burial of the body.

This Permit authorizes the burial of the body of the deceased named on the reverse side of this Permit at any place in the State of Florida.

Reg. Dist. No. 1101

TRANSIT PERMIT

Permit No. 386

STATE OF FLORIDA

STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

TRANSPORTATION COMPANY'S COUPON

Name of deceased Willis F. Palmer Date of death 3/15/28 M.Place of death Dade County Miami

(Name of City, Incorporated Town or Voting Precinct)

Color or Race W; Sex M; Age 55 Yrs. Cause of deathShipping Station Miami Florida, to Boston, State MassI, the undertaker in charge, hereby certify, that I have prepared and shipped the body of the above named deceased in accordance with Rule 3, and that I hold Embalmer's License No. 227E(Signature) W. F. Johnson

A _____ is on file in my office for the above named deceased.

(Death Certificate or Removal Permit)

(Signature) W. F. Johnson Local Registrar

I hereby certify that I permitted the shipment of a body this _____ day of _____, 19____ which was represented as that of the above named deceased.

(Signature) W. F. Johnson

(Ticket Agent or Baggage Agent or Express Agent)

Name of Transportation Company _____

INSTRUCTIONS TO AGENT OR TRANSPORTATION COMPANY

This Transportation Company's Coupon must be filled out by the Local Registrar of the registration district in which the death occurred, over his signature, and must also bear the signature of the shipping embalmer or undertaker preparing the body for shipment.

This coupon must be detached by the agent or baggagemaster of the transportation company at the shipping station and mailed by him within twenty-four (24) hours to the State Board of Health, Jacksonville, Florida.

Mar. 15, 1928

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County SuffolkState Mass.(City or town)
Registered No. 52City or Town WinthropNo. 16 North Ave.

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peleg Stetson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 16 North Ave.
(Usual place of abode)

St. _____ Ward _____

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 years _____ months _____ days _____
How long in U. S., if of foreign birth? _____ years _____ months _____ days _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)MaleWhiteMarried5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofJulia M. Stetson (Pinkham)

6 AGE

65

Years

10

Months

9

Days

If LESS than

1 day, _____ hrs.

or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Stationary Engineer(b) Name of employer O'Connell & Lee, Somerville8 BIRTHPLACE (City) East Bridgewater

(State or country)

Mass.9 NAME OF
FATHERThomas Stetson10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHERFrances Randall12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Maine

13

Informant Mrs. Julia M. Stetson(Address) 16 North Ave., Winthrop, Mass.

14

Filed Mar 28/28
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 19 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Feb. 17 1927 to March 19 1928that I last saw him alive on Sept 15 1927and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage(duration) 1 yrs. 1 mos. _____ ds.CONTRIBUTORY
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Physician's Certificate
(Signed) R. B. Parker, M.D.(Address) Winthrop, Mass.Date March 19 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Brookdale
(Cemetery)Dedham, Mass.
(City or town)28

19 UNDERTAKER

Long & Margeson

ADDRESS

Winthrop, Mass.20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.Wm. D. Childress
4-5Official position Health OfficerDate of
issue
of permit3/21/28

Permit

No. 1386instructions and extracts from the laws on back of certificate.
in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Bellegarde Ste Leon
March 19, 1928

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory, The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in a definite salary, may be held only (not paid Housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.**

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility," "Congestive," "Senile," "Lapse," "Coma," "Convulsions," "Debility," "Hemorrhage," "Insolation," "Exhaustion," "Heart failure," "Hemorrhage," "Insolation," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phibolia, pyemia, septicaemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 84, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 84, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk
 City or Town Winthrop

State Mass.

(City or town)

Registered No. 53

No. 30 Hutchinson

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sarah. I. Alexander

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Hutchinson

St. _____ Ward _____

(If non-resident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred 30 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a If married, widowed or divorced

HUSBAND of (or) WIFE of

Abraham Alexander

6 AGE

53

Years

Months

Days

IF LESS than 1 day, _____ hrs. or _____ min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

New York N. Y.

(State or country)

9 NAME OF FATHER

Reuben Robinson

10 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

11 MAIDEN NAME OF MOTHER

Sora Robinson

12 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

13

Informant

Ra. D. Alexander

(Address)

30 Hutchinson St.

14

Filed

March 24

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Childers
4-8

Official position

Health Officer

Date of issue of permit

3/20/28

Permit No.

1385

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Mar 19 1928
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

never to _____, 19____

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at 7 A. m.
 The CAUSE OF DEATH was as follows: (State fully)

Pulmonary tuberculosis

(duration) 8 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what _____

Date of operation

Was there an autopsy no

What test confirmed diagnosis Pulmonary investigation

(Signed) Raymond B. Parker, M. D.

(Address) Winthrop Board of Health

Date Mar. 20, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Cemetery
Mass.
 (City or town)

DATE OF BURIAL

March 21-28

19 UNDERTAKER

Israel Einstein 32 Shenandoah St.
Boston

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid), *Housekeepers* who receive a definite salary, may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation). Using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleia"; *Cerebrospinal meningitis*); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Monia*; *Bronchopneumonia* ("Pneumonia," etc., *Carcinoma, Sarcoma, Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Chronic interstitial nephritis*, etc. The *Chronic scicular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mileas* (disease causing death), 29 *da*; *Bronchopneumonia* (secondary), 10 *da*. Never report more symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Typhoid," "Exhaustion," "Heart failure," "Hemorrhage," "Inflammation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL *ecticemia*," "PERIPERAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectum, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectum shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Chelsea

(City or town)

1 PLACE OF DEATH

Registered No. 172
(Place of death)

County Suffolk State Mass. Registered No. 60
(Place of residence)
City or town Chelsea No. Memorial Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Adele J. Gray

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 97 Summit Av. St.
(Usual place of abode)

Length of residence in city or town where death occurred 5 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced

Name of HUSBAND Jasper Gray
(or) WIFE

6 AGE 35 Years 6 Months 19 Days
If LESS than 1 day, ... hrs. or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife
(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country) Providence, R.I.

9 NAME OF FATHER

Charles E. Hale

10 BIRTHPLACE OF FATHER (city or town)

(State or country) Mauton, R.I.

11 MAIDEN NAME OF MOTHER

Josephine Sherman

12 BIRTHPLACE OF MOTHER (city or town)

(State or country) Providence, R.I.

13 Informant Mrs. Josephine Hale (Mother)

(Address) Providence, R.I.

14 Filed Mar. 19, 1928

Registrar of city or town where death occurred

Filed May 8, 1928

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Mar. 19, 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

May 10, 19 27 to Mar. 19, 19 28
that I last saw h. or alive on Mar. 19, 19 28

and that death occurred, on the date stated above, at 3.48p m.
The CAUSE OF DEATH was as follows: (State fully)

Myocarditis, acute

(duration) 2 yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY)

(duration) 2 yrs. 2 mos. 2 ds.

17 Where was disease contracted if not at place of death Chelsea Mem. Hosp.

Did an operation precede death Yes For what: Caesarean

Date of operation Mar. 13, 1928

Was there an autopsy no

What test confirmed diagnosis clinical

(Signed) R.W. Layton, M. D.

(Address) Winthrop, Mass.

Date Mar. 19, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

South Cem., Warren, R.I.

(Cemetery)

(City or town)

DATE OF BURIAL

Mar. 22, 1928

ADDRESS

Winthrop

19 UNDERTAKER

R. I. White

Mar. 19. 1928

The Commonwealth of Massachusetts

State Infirmary
Tewksbury, Mass.

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MiddlesexState Mass.City or town State Infirmary,
Tewksbury,No. State Infirmary St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)Registered No. 110
(Place of death)Registered No. 67
(Place of residence)2 FULL NAME George A. Gray

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

City or Town Winthrop No.

St.

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months 8 days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Divorced

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Not learned

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

72

5

13

or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Salesman

(b) Name of employer

8 BIRTHPLACE (city or town) Boston,

(State or country)

Mass.

9 NAME OF

FATHER Joseph Gray

10 BIRTHPLACE OF

FATHER (city or town)

Not learned

(State or country)

Vermont

11 MAIDEN NAME

OF MOTHER

Theresa Piper,

12 BIRTHPLACE OF

MOTHER (city or town)

Not learned

(State or country)

Vermont13 Informant Hospital Records

(Address)

STATE INFIRMARY, TEWKSBURY14 Filed Mar. 21/28

Registrar of city or town where death occurred

Filed Mar. 23, 1928

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 21, 1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from
March 13, 1928, to March 21, 1928that I last saw him alive on March 21, 1928,and that death occurred, on the dated stated above, at 3: A. m.

The CAUSE OF DEATH was as follows:

Mitral Insufficiency(duration) 1+ yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Arterio sclerosis(duration) 1+ yrs. mos. ds.

17 Where was disease contracted

if not at place of death? --Did an operation precede death? No

Date of

Was there an autopsy? NoWhat test confirmed diagnosis? Phys. Exam.

(Signed)

Arthur K. Drake

, M. D.

(Address)

State Infirmary, Tewksbury,

Date

March 21, 1928Mass.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Cem., Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

3/23/28

19 UNDERTAKER

Walter T. White

ADDRESS

Winthrop

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*Automobile factory*). The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in the domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "tumor" for malignant origin; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Current interstitial nephritis*, etc. The contributory (secondary or intercurrent) disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *Macula* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.*. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Colic," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement and recorded, stating the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation. The sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

(City or town)

Registered No.

54

City or Town

Winthrop

No.

24 Lincoln

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Bessie Pearl Hish

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

24 Lincoln St.

St.,

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

15 DATE OF DEATH

March

22 1928

(Month)

(Day)

(Year)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Robert Hish

16 I HEREBY CERTIFY, That I attended deceased from

Mar 17

1928, to

Mar 21

1928

that I last saw him alive on

Mar 21

1928

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

cerebral hemorrhage

6 AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.

29

11

2

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

CONTRIBUTORY
(Secondary)

Arterio sclerosis

8 BIRTHPLACE (City)

(State or country)

Freeport
Maine9 NAME OF
FATHER

James Spaulding

10 BIRTHPLACE OF
FATHER (City)

Not known

(State or country)

Maine

11 MAIDEN NAME
OF MOTHER

Not known

12 BIRTHPLACE OF
MOTHER (City)

"

(State or country)

13

Informant

Leon Rudolph V. Hish

(Address)

24 Lincoln St. Winthrop

14

Filed

Mar 23 1928

(Month) (Day) (Year)

REGISTRAR

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Stemwood Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Mar 24/28

19 UNDERTAKER

Walter A. White

ADDRESS

Winthrop

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm D. Childers

Official
position

Health Officer

Date of
issue
of permit

3/23/28

Permit
No.

1387

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archivist, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death, always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, pericardium, etc.*, *Carcinoma, Sarcoma, etc.*, of..... (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough, Chronic interstitial heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), *Atrophy*, "Collapse," "Coma," "Convulsions," "Debility" ("Congestant," "Semic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicemic," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained, entry enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 43, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

16,374

Medical Examiner's Certificate of Death

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Mass. Registered No. 55
 City or Town Waltham No. 171 Shore Dr. St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Stavredes
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. Waltham, 171 Shore Dr.
 (Usual place of abode)

Length of residence in city or town where death occurred 15 years months days How long in U.S., if of foreign birth 25 years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

15 DATE OF DEATH March 26 1928
 (Month) (Day) (Year)

5a If married, widowed, or divorced
 HUSBAND of Fannie Stavredes
 (or) WIFE of

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

6 AGE 58 Years Months Days If less than 1 day, ... hrs. or ... min.

Natural Causes: Cardio-vascular disorder (clinical history of diabetes) Ischemic Sudden I

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work owner of Restaurant
 (b) Name of employer

8 BIRTHPLACE (City)

(State or country) Greece

9 NAME OF FATHER

Theodore Stavredes

10 BIRTHPLACE OF FATHER (City)

(State or country) Greece

11 MAIDEN NAME OF MOTHER

Bessie (Unknown)

12 BIRTHPLACE OF MOTHER (City)

(State or country) Greece

13 Informant Chris Stavredes

(Address) 5-6 Gladstone St. East Boston

14 Filed 2/28/28
 (Month) (Day) (Year)

REGISTRAR

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death

(Signed) George Baynes Maguire M.D.
 (Address)

Medical Examiner for Super

Date March 27 1928
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Mt. Hope Cemetery Boston
 (Cemetery) (City or town)

DATE OF BURIAL

3/29/28
 (Month) (Day) (Year)

19 UNDERTAKER

Chas R. Pennesson

ADDRESS

Waltham

20 Burial permit issued by

Wm D. Childress

Official position

Health Officer

21 Date of issue

3/28/28

Permit No.

1388

information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

... No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

DESCRIPTION (for unknown person)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Mar. 26. 1928

1-3012
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
200,000, 9-26, NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass
City or Town Winthrop No. Winthrop Community Hosp.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jessie B. Hill
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 25 Somerset Ave. Ward, _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 10 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		15 DATE OF DEATH <u>March 28 1928</u> (Month) (Day) (Year)	16 I HEREBY CERTIFY, That I attended deceased from <u>Mar 26 1928 to Mar 28 1928</u> that I last saw her alive on <u>Mar 28 1928</u> and that death occurred, on the date stated above, at <u>10:50 P. M.</u> The CAUSE OF DEATH was as follows: (State fully) <u>Cerebral Hemorrhage</u>
5a If married, widowed or divorced HUSBAND of (or) WIFE of <u>H. M. H.</u>	6 AGE <u>72</u> Years <u>3</u> Months <u>1</u> Days IF LESS than 1 day, hrs. or min.				
7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At Home</u> (b) Name of employer _____				CONTRIBUTORY (Secondary) <u>Arterio sclerosis</u> (duration) _____ yrs. _____ mos. _____ ds.	
8 BIRTHPLACE (City) (State or country) <u>Grafton Illinois</u>				17 Where was disease contracted if not at place of death Did an operation precede death <u>no</u> For what _____ Date of operation _____ Was there an autopsy <u>no</u> What test confirmed diagnosis _____ (Signed) <u>W. J. Soule</u> M. D. (Address) <u>150 Winthrop St Winthrop</u> Date <u>Mar 22 1928</u>	
PARENTS	9 NAME OF FATHER <u>Dr. James B. Vetch</u>				
	10 BIRTHPLACE OF FATHER (City) (State or country) <u>Kent England</u>				
	11 MAIDEN NAME OF MOTHER <u>Matilda M. Dowell</u>				
12 BIRTHPLACE OF MOTHER (City) (State or country) <u>Alton Illinois</u>					
13 Informant <u>Frederick B. Hill</u> (Address) <u>445 Somerset St Winthrop</u>				18 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Winthrop Winthrop</u> (Cemetery) (City or town)	
14 Filed <u>Mar 28 1928</u> (Month) (Day) (Year) REGISTRAR _____				19 UNDERTAKER <u>Garrett J. Hall</u> Date of issue of permit <u>3/29/28</u> Permit No. <u>1389</u>	
20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued <u>Wm. W. Children</u> Official position <u>Agent</u>					

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid as *Housekeepers* who receive a definite salary, may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examining always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleuro-pneumonia"); *Diphtheria* (avoid use of "Croup"); *Cerebrospinal meningitis*"); *Typhoid pneumonia*"); *Lobar pneumonia* (never report "Typhoid pneumonia"); *Infantile typhoid fever* (never report "Pneumonia," unqualified, is indefinite); *Monilia*, *Bronchopneumonia* ("Pneumonia," *Cardioma*, *Sarcoma*, *Tuberculosis of lungs meningis, peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestive," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Transition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purposes, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress
W. D.

PAPER TESTS

13 Informant Kenneth G. Brece.
(Address) 704 8th St

14
Filed 2/1/78

Filed 2/20/20
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stamp has been placed on this document.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. D. Childress
W. D.

Official position Health Officer Date of issue 4/2/28 Permit No. 139

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 2.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Commissioner, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in a definite salary, may be entered as *House-Housekeepers* who receive a definite salary, and children, not gainfully employed, as *wife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia* ("Pneumonia," unqualified, is indistinct); *Tuberculosis of lungs, meningitis, peritonitis*, etc., *Carcinoma, Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contradictory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PREPERAL septicemia," "PREPERAL puerperia," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County SuffolkState Mass

(City or town)

Registered No. 58City or Town WinthropNo. Winthrop Community Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma J. Staples

(If U. S. War Veteran, specify WAR)

(a) Residence, No. 935 Shirley St.St. Ward

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed

5a If married, widowed or divorced

HUSBAND of
(or) WIFE ofFrederick M.

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.68

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home

(b) Name of employer

8 BIRTHPLACE (City) Manchester

(State or country)

N.H.9 NAME OF
FATHERJames Crosby10 BIRTHPLACE OF
FATHER (City)

(State or country)

New Hampshire11 MAIDEN NAME
OF MOTHERCannot be learned12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Cannot be learned13 Informant Carleton Staples

(Address)

221 Corey St. W. Roxbury14 Filed Apr 9/28
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me
BEFORE the burial or transit permit was issuedWm W. ChildressOfficial
positionagent

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 29 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

March 27, 1928, to March 29, 1928
that I last saw her alive on March 29, 1928and that death occurred, on the date stated above, at 1:30 p.m.
The CAUSE OF DEATH was as follows: (State fully)Cerebral hemorrhageCONTRIBUTORY
(Secondary)Arteriosclerosis (duration) yrs. mos. ds.17 Where was disease contracted
if not at place of deathDid an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis

(Signed)

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Lake View Wakefield

(Cemetery)

(City or town)

DATE OF BURIAL

3/31/28

19 UNDERTAKER

John F. O'Malley Winthrop

ADDRESS

Date of
issue
of permit3/30/28Permit
No.1390

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soldierman*, (b) *Greener*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus, *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indistinct); *Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asthenia," "Adenitis" (merely synonymous), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc., "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

March 29, 1928 84

Copy of the Record of a Death

Returned to the clerk of East Boston
as provided in Section 28 of the Law relating
to the registration of Vital Statistics.

Place of Death Thompson's Camp

Age 76 Sex Male No.

Name Richard C. Kirby

Long a resident 3 days

Usual residence 25-4 Main St. Wintthrop Mass

Married, Single, Widowed
Color W ~~or Divorced~~

Deceased was husband of Elizabeth H. Kniscoll

" wife of

Date of Birth: Year Month Day

Years 57 Months Days

Occupation Undertaker

Place of Birth East Boston Mass

Name of Father Richard Kirby

Place of Father Ireland

Education of Father

Full Name of Mother Bridget Lyons

Place of Mother Ireland

Name of Informant Richard C. Kirby, Jr.

Date of Death: Year 1928 Month Mar Day 29

Cause of Death Pneumonia

Contributing cause Heart Failure

Duration 72 5 27

102
Where was disease contracted, if not at

death?

If death was in a hospital, or other institution

its name

Did an operation precede death? *No* Date

Was there an autopsy? *No*

Name of Physician (or other person) re

said death.....

John M. Bischoff
P. O. Address..... *Naplex, Me.*

Place of Burial..... *Holy Cross, Me.*

Date of Burial..... *April 2*

Name of Cemetery..... *Holy Cro*

Undertaker..... *Richard C. Kib*

P. O. Address..... *East Buxton, Me.*

State of Maine

I hereby certify that the above is a true

the Record of a Death made, by the clerk of

Naplex, Maine in the m

March 1928

H. L. Daltor

Clerk of..... *Naplex, Me.*

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

Registered No. _____
(Place of death)County _____ State _____ Registered No. _____
(Place of residence)

City or town _____ No. _____ St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State _____ City or Town _____ No. _____ St. _____

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE _____ 5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE6 AGE _____ Years _____ Months _____ Days _____ If LESS than
1 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

13 Informant _____

(Address) _____

14 Filed _____, 19 _____

Registrar of city or town where death occurred

Filed _____, 19 _____

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH _____ (Month) _____ (Day) _____ (Year)

16 I HEREBY CERTIFY, That I attended deceased from

_____, 19_____, to _____, 19_____,

that I last saw h _____ alive on _____, 19_____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows: (State fully)

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted
if not at place of death _____

Did an operation precede death _____ For what _____

Date of operation _____

Was there an autopsy _____

What test confirmed diagnosis _____

(Signed) _____, M. D.

(Address) _____

Date _____

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery) _____ (City or town) _____

19 UNDERTAKER

DATE OF BURIAL

_____, 19 _____

ADDRESS

THIS IS A PERMANENT RECORD OF INFORMATION

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County NorfolkState Mass.City or town MedfieldNo. State Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. Medfield
(City or town)Registered No. 02
(Place of residence)St., Ward2 FULL NAME John F. Hennessy

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

(Usual place of abode)

City or Town Winthrop No. 35 Summit Avenuest.Length of residence in city or town where death occurred 6 years 7 months 2 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE

6 AGE

Years

Months

Days

If LESS than

351081 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) Name of employer

8 BIRTHPLACE (city or town) Roxbury,

(State or country)

Mass.

9 NAME OF FATHER

Patrick B. Hennessy

10 BIRTHPLACE OF FATHER (city or town)

Lynn,

(State or country)

Mass.

11 MAIDEN NAME OF MOTHER

Alice Ross

12 BIRTHPLACE OF MOTHER (city or town)

Boston,

(State or country)

Mass.

13 Informant

State Hospital Records

(Address)

Medfield, Mass.

14 Filed

5/2/28

19

William H. Everett

Registrar of city or town where death occurred

Filed

5/3/28

19

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April21928.

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

June 30,

19

21,

to

April 2,

19

28.that I last saw him alive on April 2, 1928.and that death occurred, on the date stated above, at 4:20 p. m.

The CAUSE OF DEATH was as follows: (State fully)

Pulmonary Tuberculosis(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy NoWhat test confirmed diagnosis Physical & Laboratory(Signed) George E. Poor, M. D.(Address) Medfield, Mass.Date April 2, 1928.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt. Bdenedict Boston

(Cemetery)

(City or town)

DATE OF BURIAL

4/4/28. 19

19 UNDERTAKER

ADDRESS

Frederick A. MagrathEast Boston

John P. Manning
Apr. 2, 1928

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No. **N. E. HOSPITAL FOR WOMEN** St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **3163**

(Place of death)

Registered No. **123**

(Place of residence)

2 FULL NAME **ALPHONSUS F. BIGGIO**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **170 HERMAN** St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

S.

5a If married, widowed, or divorced

Name of { **HUSBAND**
(or) WIFE

6 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.

20

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**

(State or country)

MASS.

9 NAME OF FATHER

ANDREW

10 BIRTHPLACE OF FATHER (city or town)

BOSTON

(State or country)

MASS.

11 MAIDEN NAME OF MOTHER

ROSE M. FOPIANO

12 BIRTHPLACE OF MOTHER (city or town)

BOSTON

(State or country)

MASS.

13 Informant **FATHER**

(Address) **170 HERMAN ST. WINTHROP**

14 Filed **APR. 4**, 1928

E. M. Glenew
Registrar of city or town where death occurred

Filed **Apr 6**, 1928

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **APRIL 2** 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

MAR. 19, 19 **28**, **APRIL 1**, 1928

that I last saw him alive on **APRIL 1**, 1928

and that death occurred, on the date stated above, at **12.27 A** m.

The CAUSE OF DEATH was as follows: (State fully)

NEPHRITIS

(duration) yrs. mos. **10** ds.

CONTRIBUTORY **PNEUMONIA**
(SECONDARY)

(duration) yrs. mos. **3** ds.

17 Where was disease contracted if not at place of death

Did an operation precede death. For what

Date of operation

Was there an autopsy **YES**

What test confirmed diagnosis **AUTOPSY**

(Signed) **W. R. MASON**, M. D.

(Address)

Date **APRIL 2, 1928**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

CALVARY, W. ROXBURY
(Cemetery) (City or town)

DATE OF BURIAL

4-2, 1928

19 UNDERTAKER

P. J. MC ARDLE

ADDRESS

PARENTS

Alphonse T. 124910

April 2, 1928

fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No. **221 LONGWOOD AVE.**

Registered No. **3468**

(Place of death)

Registered No.

(Place of residence)

St., **Ward**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **(MALE SMALLEY)**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**

(Usual place of abode)

City or Town **WINTHROP** No. **964 SHIRLEY ST.** St.

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed, or divorced

Name of **HUSBAND** (or) WIFE

6 AGE

Years

Months

XXXX

If LESS than

20 HRS 1 day, ... hrs. or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**

(State or country) **MASS.**

9 NAME OF FATHER

UNKNOWN

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

11 MAIDEN NAME OF MOTHER **MAUDE SMALLEY**

12 BIRTHPLACE OF MOTHER (city or town) **NORFOLK**

(State or country) **MASS.**

13 Informant **BOSTON LYING IN HOSPITAL**

(Address) **221 LONGWOOD AVE. BOSTON**

14 Filed **APR. 12 1928** **E. W. M. Glenne** Registrar of city or town where death occurred

Filed **Apr. 17, 1928** Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

APRIL 2

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

APRIL 1, 19**28** **APRIL 2**, 1928

that I last saw him alive on **APRIL 2**, 1928

and that death occurred, on the date stated above, at **5 P** m. The CAUSE OF DEATH was as follows: (State fully)

CEREBRAL HEMORRHAGE

(duration) yrs. mos. **1** ds.

CONTRIBUTORY **HYPERTROPHIED THYMUS GLAND** (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) **PAUL GUSTAFSON**, M. D.

(Address)

Date

APRIL 2, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(ST. JOSEPH) BOSTON (Cemetery) (City or town)

DATE OF BURIAL

4-11, 1928

19 UNDERTAKER

J. F. LINEHAN

ADDRESS

April 2. 1923

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk

State Mass.

(City or town)
Registered No. 65

City or Town Winthrop

No. 61 Seaview Ave.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elmira Elizabeth Martin

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 61 Seaview Ave.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

16 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Frank P. Martin

6 AGE

75 years

3 months

4 days

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Housewife

(b) Name of employer

at home

8 BIRTHPLACE (City) Hampden

(State or country)

Maine

9 NAME OF
FATHER

George W. Hopkins

10 BIRTHPLACE OF
FATHER (City)

Hampden

(State or country)

Maine

11 MAIDEN NAME
OF MOTHER

Lucy B. Kempton

12 BIRTHPLACE OF
MOTHER (City)

Hampden

(State or country)

Maine

13

Informant Frank P. Martin

(Address) 61 Seaview Ave. Winthrop, Mass.

14

Filed May 8/28
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April
(Month)

2
(Day)

1928
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 30, 1928 to April 2, 1928,

that I last saw him alive on April 2, 1928,

and that death occurred, on the date stated above, at 2:10 P. m.

The CAUSE OF DEATH was as follows:

Carcinoma Uteri

Severe (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

Anemia

(duration) 1 yrs. ___ mos. ___ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Dwight E. Johnson, M. D.

(Address) 125 St. Winthrop St

Date April 4 1928 Winthrop
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Laurel

Wilton, N.H.

(Cemetery)

(City or town)

DATE OF BURIAL

4/5/28

19 UNDERTAKER

Long & Margeson

ADDRESS

Winthrop

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

Wm W. Childress

Official position Agent

Date of issue of permit Mar 6 1928 Permit NO. 1394

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Apr. 21 1928

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc.; *Carcinoma, Sarcoma*, etc., of (name origin, "Cancer" is less desirable; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *98 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Embausion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colitis, childbirth, convulsions, hemorrhage, gasrone, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —Gen. Laws, Chap. 46, Sec. 8.

No undertaker or other person shall buy a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

RM-R-301
N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
2,000,000, 9-26. NO. 6373

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITALS
1 PLACE OF DEATH
County Suffolk State Mass (City or town) Id.
City or Town Winthrop No. 270 Main St. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Delphine Senecal

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 270 Main St.

St. Ward

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Charles

6 AGE Years 89 Months Days IF LESS than 1 day, hrs. c. min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) Name of employer

8 BIRTHPLACE (City) Champlain
(State or country) N.Y.

9 NAME OF FATHER Henry Goodrow

10 BIRTHPLACE OF FATHER (City) Champlain
(State or country) N.Y.

11 MAIDEN NAME OF MOTHER Adeline DE Roche

12 BIRTHPLACE OF MOTHER (City) Montreal
(State or country) P.Q.

13 Informant Augustus Roberts
(Address) 270 Main St. Winthrop

14 Filed April 1928
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Childress

Official
position

Health Officer

Date of
issue
of permit

4/3/28

Permit
No.

1392

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 2 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY That I attended deceased from March 31, 1928, to April 2, 1928

that I last saw h alive on April 1, 1928

and that death occurred, on the date stated above, at Winthrop
The CAUSE OF DEATH was as follows: (State fully) Myocarditis

CONTRIBUTORY (duration) yrs. mos. ds. Arteriosclerosis
(Secondary)

17 Where was disease contracted if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis

(Signed) Dr. Childress, M. D.

(Address) Winthrop

Date 4/3/28

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Marys Champlain N.Y. DATE OF BURIAL 4/6/28
(Cemetery) (City or town)

19 UNDERTAKER John H. O'Maley ADDRESS Winthrop

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestive," "Stable," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemiparesis," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicaemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 36, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—Chap. 114, Sec. 46, G. L., as amended.

fully supplied. AGE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Boston

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No. **HART HOSPITAL**

(City or town)

Registered No. **3188**

(Place of death)

Registered No.

(Place of residence)

St., **67** Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **CE CILE ROSENBERG**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**

City or Town

WINTHROP

No.

TRIDENT AVE

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

S.

5a If married, widowed, or divorced

Name of { **HUSBAND**
(or) **WIFE**

6 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.
or ... min.

12

9

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town)

BOSTON

(State or country)

MASS.

9 NAME OF
FATHER

MORRIS J.

10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

RUSSIA

11 MAIDEN NAME
OF MOTHER

RACHAEL L. COHEN

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

RUSSIA

13

Informant

M. J. ROSENBERG

(Address)

23 TRIDENT AVE. WINTHROP

14

Filed **APR. 5**, 1928

E. W. M. Glenew
Registrar of city or town where death occurred

Filed **Apr 17**, 1928

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

APRIL 3

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

MARCH 31

, 19 **28** to

APRIL 2, 1928

that I last saw h. **ER** alive on **APRIL 2**, 1928

and that death occurred, on the date stated above, at **3 A** m.

The CAUSE OF DEATH was as follows: (State fully)

ACUTE LYMPHATIC LEUKEMIA

(duration) yrs. mos. **16** ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) **B. H. ROBINSON**, M. D.

(Address)

Date **APRIL 3, 1928**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(BETH JOSEPH) WOBURN

(Cemetery)

(City or town)

DATE OF BURIAL

4-3

, 1928

ADDRESS

19 UNDERTAKER

MANUEL STANETSKY

THIS IS A PERMANENT RECORD
NOT TO BE DESTROYED
APR. 3. 1928

STANDARD CERTIFICATE OF DEATH

NEWTON

(City or town)

1 PLACE OF DEATH

County MIDDLESEX State MASS. Registered No. 185
(Place of death)
City or town NEWTON No. 14 Newtonville Avenue St., 1 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alice C Weston (Shedd)

(a) Residence. State Mass City or Town Winthrop No. 31 Villa Avenue St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George A Weston

6 AGE Years 70 Months 0 Days 0 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (city or town) Milford
(State or country) N H

9 NAME OF FATHER Joel Shedd
10 BIRTHPLACE OF FATHER (city or town) Bennington
(State or country) N H
11 MAIDEN NAME OF MOTHER Susan E Dane
12 BIRTHPLACE OF MOTHER (city or town) Vt
(State or country)

13 Informant Miss Alice M Theobald
(Address) R H Stearns Co Boston

14 Filed Apr 7 1928
Registrar of city or town where death occurred
Filed 11 1928
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Apr 3 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Mar 28, 1928, to Apr 3, 1928,
that I last saw h er alive on Apr 2, 1928,
and that death occurred, on the dated stated above, at 11:05 p m.
The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY Myocarditis chronic
(SECONDARY)

(duration) 3 yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? --

(Signed) Conrad Wesselhoeft M. D.

(Address) 366 Commonwealth Ave Boston

Date Apr 3 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Nashua N H
(Cemetery) (City or town) DATE OF BURIAL Apr 6 1928

19 UNDERTAKER J S Waterman & Sons ADDRESS Boston

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING

DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never "typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "atropy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Congenital," "Paralysis," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral, *apoplectic*," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Boston

No.

50 Coral Ave.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Emma Siegel

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

50 Coral Ave. St.

Ward

Winthrop

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Morris

6 AGE

30

Years

Months

Days

If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework

(b) Name of employer

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF FATHER

Harry Kalish

10 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

11 MAIDEN NAME OF MOTHER

Bella Tillerman

12 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

13

Informant

Morris Siegel

(Address)

50 Coral Ave.

14

Filed

Month Day Year

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Mrs. L. Childers

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April

4. 28

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 1

1928

to

April 4

1928

that I last saw h

alive on

April 3

1928

and that death occurred, on the date stated above, at

4301

m.

The CAUSE OF DEATH was as follows:

Acute Pulmonary Edema

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

Chronic Myocarditis

(duration)

yrs.

mos.

ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

If under one year, was infant Breast-Fed? What test confirmed diagnosis?

(Signed)

Joseph A. Schmar

M. D.

(Address)

43 Princeton St.

Date

April

4. 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Chelsea Cem.

Woburn

DATE OF BURIAL

APR 4

1928

(Cemetery)

(City or town)

19 UNDERTAKER

Manuel Stancich

ADDRESS

Boston

Official position

Health Officer

Date of issue of permit

4/4/28

Permit No.

1393

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.* of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death). *2d* *de; Bronchopneumonia* (secondary), *10* *de*. Never report mere symptoms or terminal conditions, such as "Asthma," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.; "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

16,401

Medical Examiner's Certificate of Death

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Mass Registered No. 68
City or Town Winthrop No. 03 Shore Drive St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Robert Long Arnold

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Winthrop, 03 Shore Drive Ward. Ward
(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie S.

6 AGE Years 84 Months 3 Days 20 If less than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired Salesman
(b) Name of employer

8 BIRTHPLACE (City) Devonshire
(State or country) England

9 NAME OF FATHER Robt Arnold

10 BIRTHPLACE OF FATHER (City) Devonshire
(State or country) England

11 MAIDEN NAME OF MOTHER Not known

12 BIRTHPLACE OF MOTHER (City) ..
(State or country) ..

13 Informant Son - R. L. Arnold
(Address) Rutland Vermont

14 Filed May 1928
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by Wm. L. Childers

Official position Health Officer

21 Date of issue 4/7/28

Permit No. 1399

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 5 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes, presumably
Cardio-vascular disorder
related with advanced age.
(Died Suddenly at home.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) Long Bayard Magrath, M.D.
(Address)

Medical Examiner for Suffolk
Date April 5 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Honest Hills Cremating
(Cemetery) (City or town) Ward

19 UNDERTAKER Walter T. White ADDRESS Winthrop

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

... No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably** due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)," "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

On Jan. 5. 1928

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)
Registered No. *69*

1 PLACE OF DEATH
County *Suffolk* State *Mass*
City or Town *Winthrop* No. *12 Court Road* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Caroline Eliza Reed*
(if U. S. War Veteran, specify WAR)

(a) Residence. No. *12 Court Rd* - St. _____ Ward *Winthrop*
(Usual place of abode)
Length of residence in city or town where death occurred *9* years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
5a If married, widowed or divorced HUSBAND of (or) WIFE of *John T. Reed*
6 AGE Years *74* Months *8* Days *X* IF LESS than 1 day, _____ hrs. of _____ min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at Home*
(b) Name of employer _____

8 BIRTHPLACE (City) *Concord*
(State or country) *Mass*

9 NAME OF FATHER *Josiah W. Houston*

10 BIRTHPLACE OF FATHER (City) *Unable to obtain*
(State or country) _____

11 MAIDEN NAME OF MOTHER *Elizabeth Hayden*

12 BIRTHPLACE OF MOTHER (City) *Unable to obtain*
(State or country) _____

13 Informant *John T. Reed, Jr. (son)*
(Address) *12 Court Rd.*

14 Filed *April 1928*
(Month) (Day) (Year) REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *April 6* 19*28*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Jan 5*, 19*26*, to *April 6*, 19*28*
that I last saw her alive on *April 6*, 19*28*
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH was as follows: (State fully)
arteriosclerosis

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs _____ mos _____ ds.

17 Where was disease contracted if not at place of death _____

Did an operation precede death *no* For what _____

Date of operation _____

Was there an autopsy _____

What test confirmed diagnosis *clinical & laboratory*
(Signed) *J. W. Houston*, M. D.

(Address) *Winthrop*
Date *April 1-1928*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL
April 8
19*28*

19 UNDERTAKER
Charles R. Beunison
ADDRESS *Winthrop*

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *Wm. D. Childress*
Official position *Health Officer* Date of issue of permit *4/7/28* Permit No. *1390*

(Approved by U. S. Census and American Public Health Association)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, such as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scrubman*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation). Expressing always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Cerebrospinal meningitis* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Myocarditis*, *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*, *Chronic adular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 No. 2662-3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

Winthrop

No. 134

Circuit Rd.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Georgiana E. Barkley

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

134 Circuit Rd.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

13

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of

William J. Barkley

6 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

37

6

1

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF FATHER

Christopher Hammer

10 BIRTHPLACE OF FATHER (City)

(State or country)

Germany

11 MAIDEN NAME OF MOTHER

Mary M. Baker

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Coburn Mass

13

Informant

(Address)

William J. Barkley
Winthrop Mass

14

Filed

(Month) (Day) (Year)

May 1928

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April 6 - 1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 4, 1928, to April 6, 1928,

that I last saw her alive on April 6, 1928,

and that death occurred, on the date stated above, at 5:20 a. m.

The CAUSE OF DEATH was as follows:

Pneumonia - lobar

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

Myocarditis acute

(duration) yrs. mos. 12 hrs. ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death?

Date of

Was there an autopsy?

If under one year, was Infant Breast Fed?

What test confirmed diagnosis?

(Signed)

R. W. Hayton

M. D.

(Address)

Winthrop Mass

Date

(Month)

(Day)

(Year)

April

6

1928

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Trout Hills

Boston

April 8, '28

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

C. A. Rollins

Boston

Official position

Health Officer

Date of issue

4/7/28

Permit NO.

1396

10200, 6.1928
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc.; (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia (morally symptomatic)," "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body... until he has received a permit from the board of health or its agent.... or... from the clerk of the town where the person died: ... No such permit shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate.... The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

City or Town

Wentworth

No.

30 Madison Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Bessie Blanchard Slocumb

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

30 Madison Ave

St.

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

25 years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Widow of Elmer E. Slocumb

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

64

6

0

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at Home

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF
FATHER

John S. Freeman

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Charlotte S. Cleverly

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Nova Scotia

13

Informant

H. C. Slocumb

(Address)

25 Pleasant St. Wentworth

14

Filed

May 10 1928

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. S. Childress

Official position

Health Officer

Date of issue of permit

4/10/28

Permit No.

1395

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April 7

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

March 30

1928

to

April 7

1928

that I last saw him alive on

April 7

1928

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

Cerebral hemorrhage

(Senile degeneration)

(duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY
(Secondary)

Arterio sclerosis

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

No

For what

Date of operation

None

Was there an autopsy

No

What test confirmed diagnosis

Clinical

(Signed)

Dwight E. Johnson, M. D.

(Address)

123 W. Wentworth St. Wentworth

Date

April 8 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wentworth

(Cemetery)

(City or town)

DATE OF BURIAL

April 10/28

19 UNDERTAKER

Chas. R. Benson

ADDRESS

Wentworth

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Never return "Laborer" on any form part of the second statement. The material worked on may be, "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (*Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *Housekeepers* who receive a definite salary), may be entered as *Housewife* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleuro-pneumonia"); *Diphtheria* (avoid use of "Croup"); *Cerebrospinal meningitis* (never report "Typhoid pneumonia"); *Lobar pneumonia* (never report "Pneumonia", unqualified, is indefinite); *monia*; *Bronchopneumonia* ("Pneumonia", etc., *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, *metastasis*, *peritonitis*, etc., *avoid use of*, etc., etc., (name origin; "Cancer" is less definite; *avoid use of* "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meningitis* (disease causing death), 29 ds.; or terminal conditions, such as, "Asphemia," "Anemia," "Merely symptomatic," "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERINEAL *epidemic*," "PERINEAL *peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or by the person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

5-301
N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
2,000,000. 9-26. NO. 6373

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County Suffolk

State Mass.

Wintthrop

(City or town)

Registered No. 72

City or Town Wintthrop

No. 4 Upland Rd. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Fopiano

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 4 Upland Rd. St. Ward

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Mary Risso

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

56

2

27

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass.

9 NAME OF
FATHER

Stephen Fopiano

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Italy

11 MAIDEN NAME
OF MOTHER

Catherine Fopiano

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Italy

13

Informant

Mary Fopiano

(Address)

4 Upland Rd.

14

Filed

March 8
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

4

9

28

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

3/15

1928, to

4/9

1928

that I last saw him alive on

4/9

1928

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

11-15 11 m.

Typhingismus

(duration) yrs. mos. 7 ds.

CONTRIBUTORY
(Secondary)

La. Supp.

(duration) yrs. mos. 14 ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

No

For what

Date of operation

Home

Was there an autopsy

No

What test confirmed diagnosis

(Signed)

Harry A. Kelly

M. D.

(Address)

200 Pleasant St.

Date

4/16/28

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Calvary

(Cemetery)

Boston

(City or town)

DATE OF BURIAL

4/12/28

19 UNDERTAKER

Michael J. P. ...

ADDRESS

St.

No. Berett

Boston

Official
position

Health Officer

Date of
issue of permit

4/12/28

Permit
No.

1399

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Messenger," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc.; of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicæmia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 40, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState Mass.(City or town) 73
Registered No.City or Town WinthropNo. 87 Loring Road

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Oscena Mary Hill

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No. 87 Loring Road

St., Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

23 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widow

5a If married, widowed or divorced

HUSBAND of Oscar E. Hill
(or) WIFE of

6 AGE

Years

82

Months

8

Days

8If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Housewife

(b) Name of employer

At home

8 BIRTHPLACE (City)

Chester(State or country) Vermont9 NAME OF
FATHERLorenzo Earle10 BIRTHPLACE OF
FATHER (City)Vermont

(State or country)

11 MAIDEN NAME
OF MOTHERCan not be learned12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Vermont

13

Informant Mr. Myrton O. Hill(Address) 87 Loring Road Winthrop, Mass.

14

Filed May 12
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedWm. K. Childress

15 DATE OF DEATH

April 11 1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 2, 1928, to April 10, 1928

that I last saw her alive on

April 8, 1928and that death occurred, on the date stated above, at 5:45 m.

The CAUSE OF DEATH was as follows:

arteriosclerosis
chronic nephritis

CONTRIBUTORY

obesity

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of April 8

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

G. W. Prepinson, M. D.

(Address)

Date April 11 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Ludlow Ludlow, Vermont

(Cemetery)

(City or town)

DATE OF BURIAL

4/14/28

19 UNDERTAKER

Long & Margeson

ADDRESS

WinthropOfficial
positionHealth OfficerDate of
issue
of permit4/13/28Permit
NO.17

N. B. While in use, this form is to be kept in the office of the Registrar. Every form of this form should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastasis*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *10 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report more than one terminal condition, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Genile," etc.), "Dropsy," "Emaciation," "Heart failure," "Hemorrhage," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or marriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood, convulsions, hemorrhage, erysipelas, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), but by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Wintthrop
~~BOSTON~~

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

~~Boston~~

Wintthrop

No.

94 Bellevue

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Vitagliano

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

94 Bellevue Av.

St.

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, 16 hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Wintthrop
Mass.9 NAME OF
FATHER

Alfonso Vitagliano

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Italy

11 MAIDEN NAME
OF MOTHER

Carmela Russo

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Boston

13

Informant

(Address)

Father

94 Bellevue Av. Wintthrop

14

Filed

May 8, 1928

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. D. Childers

Official
position

Health Officer

Date of
issue
of permit

4/16/28

Permit
No.

1402

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

4

13

28

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

4-13

1928

to

4-14

1928

that I last saw him alive on

4-13

1928

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

Immature (7 mos)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

If under one year, was Infant Breast Fed?

What test confirmed diagnosis

(Signed)

J. J. A. J. J.

M. D.

(Address)

200 Pleasant St.

Date

4/14/28

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Michael Boston

(Cemetery)

(City or town)

DATE OF BURIAL

April 16, 1928

19 UNDERTAKER

R. D. Guarante Boston

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Carpenter, Architect, Locomotive engineer, Civil engineer, Stationary fire-pump, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification. *Man, Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Screen, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "typhoid fever"); *Cerebrospinal meningitis*; *Diphtheria* (avoid use of "roup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 days. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Comatose"), "Senile," "Imitation," "Marasmus," "Old age," "failure," "Hemiparesis," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal, septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician named for the purpose, or is insufficient, a physician named for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 45, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState Mass.(City or town) Wintthrop
Registered No. 75City or Town WintthropNo. 220 Court RoadSt., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Mac Minn

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 220 Court RoadSt., Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

12

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed

5a If married, widowed or divorced

HUSBAND of
(or) WIFE ofJames Mac Minn

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.84921

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Housewife

(b) Name of employer

At Home8 BIRTHPLACE (City) Bishop Castle

(State or country)

England9 NAME OF
FATHERThomas Black10 BIRTHPLACE OF
FATHER (City)(State or country) England11 MAIDEN NAME
OF MOTHERMary Jones12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Wales

13

Informant Mrs. Flore M. Walton

(Address)

220 Court Road Wintthrop

14

Filed May 8/28

(Month) (Day) (Year)

REGISTRAR

15 DATE OF DEATH

April 13 1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 12, 1928 to April 13, 1928that I last saw her alive on April 13, 1928and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH was as follows:

Chronic myococcal
arteriosclerosis
Chronic Hypertension
(duration) 10 yrs. mos. ds.

CONTRIBUTORY

Since (duration) 1 yrs. mos. ds.17 Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) G. W. Robinson M. D.(Address) Wintthrop, Mass.Date April 13 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Ohio Steubenville Steubenville

(Cemetery)

(City or town)

DATE OF BURIAL

4/14/28

19 UNDERTAKER

Long & Margeson

ADDRESS

Wintthrop20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
positionDate of
issue
of permitPermit
NO. 179

Permit No. 1403

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Stationary Compositor, Architect, Locomotive engineer, Civil engineer, Physician, first man*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housewife, housework, or at home, and children, not gainfully employed, as at school or at home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation). Using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleia"; *Cerebrospinal meningitis*); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *menitis*, *Bronchopneumonia* ("Pneumonia," etc., *Cerebromeningitis*, *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Cerebromeningitis*, etc.); (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic interstitial heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *terminal conditions*, such as "Ashtenia," "Anemia," (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Dobility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the medical examiner shall, upon application make the certificate selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

City or Town

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.,

Ward

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

female

white

married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Thomas F. Sheerin

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

55

-

-

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Housewife

8 BIRTHPLACE (City)

(State or country)

Ireland

9 NAME OF
FATHER

Walter Jordan

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

unknown

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

(Address)

Thomas F. Sheerin
470 Winthrop St.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. L. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April
(Month)21
(Day)1928
(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan. 20, 1927, to April 21, 1928,

that I last saw her alive on April 4, 1928,

and that death occurred, on the date stated above, at 9 p.m.

The CAUSE OF DEATH was as follows:

Cancer of uterus

(duration) 2 yrs. about ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Radium to cervix
Date of Jan. 23, 1927

Was there an autopsy?

If under one year, was Infant Breast Fed?

What test confirmed diagnosis?

(Signed)

Frank M. Sleeper, M. D.

(Address)

41 Virginia St.

Date

April 23
(Month) (Day)1928
(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Joseph
(Cemetery)Boston
(City or town)

DATE OF BURIAL

4-26-28

19 UNDERTAKER

ADDRESS

D. J. Mahoney & Sons

Boston

Official
position

Health Officer

Date of
issue
of permit

4/23/28

Permit
NO.

1404

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home, who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *Note*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric (disease causing death), 28 ds.*; *Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Edema," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gastritis, gastroenteritis, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**No. **250 SEAVER**

(City or town)

Registered No. **4003**

(Place of death)

Registered No. (Place of residence)

St., **Ward**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **IDA COHEN**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **44 UNDERHILL** St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **W.**

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE **MAYER**6 AGE Years Months Days If LESS than 1 day, ... hrs. or min.
67 10 14

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **HOUSEWIFE**
(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country) **POLAND**

9 NAME OF FATHER

LEOPOLD

10 BIRTHPLACE OF FATHER (city or town)

(State or country) **POLAND**

11 MAIDEN NAME OF MOTHER

ETHEL GORDON

12 BIRTHPLACE OF MOTHER (city or town)

(State or country) **POLAND**13 Informant **NATHANIEL COHEN**(Address) **153 RICHMOND ST.**14 Filed **APR. 27 28 E.W.M. Glenen**Filed **May 2**, 19**28** Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **APRIL 24** 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

MAR. 4, 19**27** to **APRIL 22**, 19**28**that I last saw h **ER** alive on **APRIL 22**, 19**28**and that death occurred, on the date stated above, at **9.40 P** m.

The CAUSE OF DEATH was as follows: (State fully)

**HYPERTROPHIC ARTHRITIS --PLEURISY--
EFFUSION.**(duration) yrs. **X** mos. ds.CONTRIBUTORY **ACUTE DILATATION OF HEART**
(SECONDARY)(duration) yrs. mos. **1** ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) **NATHANIEL M. COHEN**, M. D.

(Address)

Date **APRIL 24, 1928**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(BETH ISRAEL) W. ROX
(Cemetery) (City or town)

DATE OF BURIAL

4-26, 19**28**

19 UNDERTAKER

I. EINSTEIN

ADDRESS

PARENTS

may be properly classified. Exact statement of OCCUPATION is very important.

Apr. 24. 1928

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No.

INFANTS HOSPITAL

(City or town)

Registered No.

4135

(Place of death)

Registered No.

(Place of residence)

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **ELIZABETH WELSH**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

37 SIREN

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**S.**

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE

6 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.
or ... min.**23**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town)

WINTHROP

(State or country)

MASS.9 NAME OF
FATHER**HARRY**10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

SCOTLAND11 MAIDEN NAME
OF MOTHER**MARGARET MC ASLEN**12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

SCOTLAND

13

Informant

FATHER

(Address)

37 SIREN ST. WINTHROP

14

Filed **MAY 1**, 19 **28****E. W. M. Glenen**

Registrar of city or town where death occurred

Filed **MAY 7**, 19 **28**

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

APRIL 27

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

APRIL 25, 19 **28**

to

APRIL 27, 19 **28**that I last saw h **ER** alive on**APRIL 27**, 19 **28**and that death occurred, on the date stated above, at **7 P** m.

The CAUSE OF DEATH was as follows: (State fully)

STREPTOCOCCUS MENINGITIS(duration) yrs. mos. **5** ds.CONTRIBUTORY **STREPTOCOCCUS SEPTICEMIA**

(SECONDARY)

(duration) yrs. mos. **4** ds.17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) **H. E. GALLUP**

, M. D.

(Address)

Date

APRIL 28, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(WINTHROP CEM.) WINTHROP

(Cemetery)

(City or town)

DATE OF BURIAL

4-29, 19 **28**

19 UNDERTAKER

ADDRESS

R. C. KIRBY

Open. 27.1928

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Hampden State Mass.

Registered No. _____
(Place of death)
Registered No. 80
(Place of residence)

City or town Morson No. Morson State Hospital St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Justin Gallagher

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 11 George St.
(Usual place of abode)

Length of residence in city or town where death occurred _____ years 2 months 5 days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

5a If married, widowed, or divorced
Name of { HUSBAND (or) WIFE

6 AGE Years 3 Months 5 Days 3 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) Name of employer

8 BIRTHPLACE (city or town) Winthrop
(State or country) Mass.

9 NAME OF FATHER James Henry Gallagher

10 BIRTHPLACE OF FATHER (city or town) Charlestown
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Catherine I. Sheerin

12 BIRTHPLACE OF MOTHER (city or town) F. Boston
(State or country) Mass.

13 Informant Records Monson State Hospital
(Address) P.O. Palmer, Mass.

14 Filed Apr. 30, 1928 Fuelon 2032
Registrar of city or town where death occurred

Filed _____, 19 _____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 27, 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb., 1928, to Apr. 26, 1928,
that I last saw him alive on Apr. 26, 1928,
9.45 a.

and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH was as follows: (State fully)

Epilepsy

(duration) 2 yrs. 11 mos. _____ ds.
Gastro enteritis

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. 7 ds.

17 Where was disease contracted if not at place of death unknown

Did an operation precede death NO For what _____

Date of operation _____

Was there an autopsy NO

What test confirmed diagnosis clinical findings
Samuel A. Miller

(Signed) _____, M. D.

(Address) P.O. Palmer, Mass.

Date April 2, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Poly Cross Malden DATE OF BURIAL Apr. 30, 1928
(Cemetery) (City or town) _____, 19 _____

19 UNDERTAKER J. J. Kelly & Son ADDRESS 448 Cambridge St.

F. Cambridge

may be properly classified. Exact statement of OCCUPATION is very important.

James Justin Gallagher

April 27, 1928

R-301
200,000, 9-26, NO. 6373
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk

State Mass

(City or town)

Registered No. 81

City or Town Winthrop

No. 235 Washington Ave.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard J. Perry

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 235 Washington Ave.

St., Ward,

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
.....min.

28

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City) Chelsea

(State or country)

Mass

9 NAME OF
FATHER

Phillip

10 BIRTHPLACE OF
FATHER (City)

So. Boston

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

Eleanor V. Tobin

12 BIRTHPLACE OF
MOTHER (City)

St. John

(State or country)

N.B.

13

Informant Phillip Perry

(Address) 235 Washington Ave/

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

April
(Month)

28
(Day)

1928
(Year)

16 I HEREBY CERTIFY, That I attended deceased from

2 A.M. April 28 - 1928, to 3 P.M. April 28 - 1928

that I last saw him alive on April 28 - 1928

and that death occurred, on the date stated above, at 3 P.M. m.
The CAUSE OF DEATH was as follows: (State fully)

Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis none

(Signed) Edward J. Trauger, M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

4/30/28

19 UNDERTAKER

ADDRESS

Official
position

John H. O'Malley

Date of
issue
of permit

4/30/28

Permit
No.

1706

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia, unqualified, is indefinite"); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (morely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicaemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

3 0 3
MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

16,400

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk

State

Registered No. 82

City or Town Wintthrop

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St. B.R.R. & L.R.R.

Ward

2 FULL NAME

Frederick Marshall

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Wintthrop

(Usual place of abode)

83 Chester Ave. St.

Ward.

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Elizabeth B. Marshall

6 AGE

Years

Months

Days

If less than
1 day, hrs.
or min.

65

0

6

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Conductor

(b) Name of employer

Boston R. B. & L. R. R.

8 BIRTHPLACE (City)

Annapolis County

(State or country)

Nova Scotia

9 NAME OF
FATHER

Burton Marshall

10 BIRTHPLACE OF
FATHER (City)

Marion Chesky

(State or country)

Nova Scotia

11 MAIDEN NAME
OF MOTHER

Marion Chesky

12 BIRTHPLACE OF
MOTHER (City)

Nova Scotia

(State or country)

13

Informant

Elizabeth Marshall

(Address)

33 Chester Ave. Wintthrop

14

Filed

March 28

(Month) (Day) (Year)

REGISTRAR

20 Burial permit

issued by

Wm. L. Childress

Official

position Health Officer

21 Date of

issue 4/30/28

Permit

No. 1725

15 DATE OF DEATH

(Month)

(Day)

(Year)

April 28 1928

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

Natural Causes:

Cardio-vascular disease -

(Heart Enlarged.)

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

Dr. J. B. Dwyer M.D.

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

April 28 1928

18 PLACE OF BURIAL, CREMATION, or REMOVAL

(Cemetery)

(City or town)

Wintthrop Wintthrop

DATE OF BURIAL

(Month) (Day) (Year)

May 1 1928

19 UNDERTAKER

ADDRESS

Long & Mergeson Wintthrop Mass.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

Apr. 28. 1928

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No.

BOSTON PSYCHOPATHIC HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **4199**

(Place of death)

Registered No.

(Place of residence)

Ward

2 FULL NAME **JOHN O. COLEMAN**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**

(Usual place of abode)

City or Town **WINTHROP**No. **24 VILLA AVE.** St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

M.

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE**ESTHER**

6 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.
or ... min.**63****1****25**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**TRAVELLING SALESMAN**

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

ENGLAND9 NAME OF
FATHER**ROLLA COLEMAN**10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

ENGLAND11 MAIDEN NAME
OF MOTHER**MARY A. ROSENA**12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

ENGLAND

13

Informant **HOSPITAL RECORDS**(Address) **74 FENWOOD RD. BOSTON**

14

Filed **MAY 2**, 19 **28**

Registrar of city or town where death occurred

Filed **MAY 7**, 19 **28**

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

APRIL 30

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

APRIL 22, 19 **28** to **APRIL 30**, 19 **28**that I last saw him **1 M** alive on **APRIL 30**, 19 **28**

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows: (State fully)

MYOCARDITIS LUETIC

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY **PSCHOSIS WITH OTHER BRAIN**

(SECONDARY)

AND NERVOUS DISEASES

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death _____ For what _____

Date of operation _____

Was there an autopsy _____

What test confirmed diagnosis _____

(Signed) **DAVID PRIAL**, M. D.

(Address) _____

Date **APRIL 30, 1928**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(OAK GROVE) MEDFORD

(Cemetery)

(City or town)

DATE OF BURIAL

5-3, 19 **28**

19 UNDERTAKER

C. A. BENNISON

ADDRESS

may be properly classified. Exact statement of OCCUPATION is very important.

April 30. 1928

1-3-30-1
plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2,00,000, 9-26, NO. 6373

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Suffolk

State Mass

(City or town) 87

Registered No. 87

City or Town Winthrop

No. Winthrop Community Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances E. Chabot

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 57 Bucannon St.
(Usual place of abode)

St. Ward

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S. if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Paul A.

6 AGE

Years

Months

Day:

IF LESS than
1 day, hrs.
..... min.

28

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

Lowell

(State or country)

Mass

9 NAME OF
FATHER

Alfred Lucier

10 BIRTHPLACE OF
FATHER (City)

Canada

(State or country)

11 MAIDEN NAME
OF MOTHER

Margaret O'Meara

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13 Informant Paul A. Chabot

(Address) 57 Bucannon St/

14 Filed May 2 1928
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. D. Childress
9-28

Official
position

Health Officer

Date of
issue
of permit

5/2/28

Permit
No.

1407

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May 1 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

September 15, 1927 to May 2, 1928

that I last saw her alive on May 1, 1928

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

Cerebral Embolus.

Placenta previa with
internal hemorrhage.

(duration) yrs. mos. ds.
Cesarean Section & operations

CONTRIBUTORY
(Second opinion) Therefore (duration) yrs. mcs. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death Yes For what Cesarean Section

Date of operation April 17, 1928

Was there an autopsy No

What test confirmed diagnosis clinical

(Signed) Jacob G. Graham M. D.

(Address) 362 Shirley Street

Date May 2/28 Winthrop Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St Johns Haverhill

(Cemetery) (City or town)

5/4/28

19 UNDERTAKER

ADDRESS

John F. O'Malley

Winthrop.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by a physician or officer and the date of his death.....*Gen. Laws, Chap. 45, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exurne a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the town, or the medical examiner shall upon application make the certificate required for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Carpenter, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Sleeman, (b) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not faintly employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lung, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 23 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehlyt failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chloidieth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

City or Town

Boston

Winthrop 322 Pleasant St.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Asa M. Capen

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

322 Pleasant

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

S. Melinda

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

87

10

25

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Dorchester Mass.

9 NAME OF FATHER

Benjamin Capen

10 BIRTHPLACE OF FATHER (City)

(State or country)

Dorchester Mass.

11 MAIDEN NAME OF MOTHER

Eliza Eager

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Marlboro Mass

13

Informant

J. W. Coy

(Address)

322 Pleasant St.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. D. Childress
q. 8.2.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May 6 1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

April 6, 1928, to May 6, 1928,

that I last saw him alive on **May 6, 1928,**

and that death occurred, on the date stated above, at **10:50** m.

The CAUSE OF DEATH was as follows:

Uraemia

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

Chronic Myocarditis

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death?

FOR WHAT?

Did an operation precede death?

no

Date of

Was there an autopsy?

no

If under one year, was Infant Breast Fed?

What test confirmed diagnosis?

Clinical signs

(Signed)

Emor E. Bowser, M. D.

(Address)

290 Summer St. E. Boston

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop Cem
(Cemetery) (City or town)

DATE OF BURIAL

5/8/28

19 UNDERTAKER

C. E. Rollins

ADDRESS

E. Boston

Official position Health Officer

Date of issue

5/8/28

Permit

NO. **1408**

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Former or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soldierman*, (b) *Greengrocer*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—God, mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic nodular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da; Bronchopneumonia* (secondarily), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, oryphelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body... until he has received a permit from the board of health or its agent... or... from the clerk of the town where the person died... No such permit shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate... The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

(City or town)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Middlesex State Mass
 City or town State Infirmary
Tewksbury, Mass. No. State Infirmary St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 168

(Place of death)

Registered No. 106

(Place of residence)

2 FULL NAME

George Bell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

City or Town Winthrop No. St.

(Usual place of abode)

Length of residence in city or town where death occurred 2 years 1 months 25 days. How long in U. S., if of foreign birth? ? years ? months ? days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR
 DIVORCED (write the word) Single

5a If married, widowed, or divorced
 HUSBAND of ---
 (or) WIFE of ---

6 AGE Years Months Days If LESS than
86 2 12 1 day, hrs.
 or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Carpenter

(b) Name of employer

8 BIRTHPLACE (city or town) Not learned
 (State or country) Prince Edward Island

9 NAME OF FATHER Walter Bell

10 BIRTHPLACE OF FATHER (city or town) Not learned
 (State or country) England

11 MAIDEN NAME OF MOTHER Elizabeth Howatt

12 BIRTHPLACE OF MOTHER (city or town) Not learned
 (State or country) Prince Edward Island

13 Informant Hospital Records
 (Address) STATE INFIRMARY, TEWKSBURY

14 Filed May 8, 1928. Registrar of city or town where death occurred

Filed May 8, 1928. Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 8, 1298.
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
March 13, 1926, to May 8, 1928,

that I last saw him alive on May 8, 19 28

and that death occurred, on the dated stated above, at 3:20 P.

The CAUSE OF DEATH was as follows:

Arteriosclerosis(duration) 4 yrs. --- mos. --- ds.CONTRIBUTORY
(SECONDARY)(duration) --- yrs. --- mos. --- ds.

17 Where was disease contracted
 if not at place of death?

Did an operation precede death? No Date of ---

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.
 (Signed) Arthur K. Drake, M. D.

(Address) State Infirmary, Tewksbury

Date May 9, 1928.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop, Mass 5/11/28
 (Cemetery) (City or town)

DATE OF BURIAL

19 UNDERTAKER C. R. Bennison Winthrop
 ADDRESS

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (b) Grocery, (c) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary," if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death. Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard and certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass
City or Town Worcester No. 49 Lowell Rd St. Worcester Ward 89
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriette Mason Tyler
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 49 Lowell Rd St. Worcester
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 1 years 0 months 0 days. How long in U. S., if of foreign birth? 0 years 0 months 0 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a If married, widowed or divorced HUSBAND of William J. Mason (or) WIFE of
6 AGE Years 62 Months 7 Days 13 IF LESS than 1 day.....hrs. or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

9 NAME OF FATHER Frank Rogers
10 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
11 MAIDEN NAME OF MOTHER Mary Coyne
12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant H. Florence Mason
(Address) 7 Monument St. Worcester

14 Filed May 10/25
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 9 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb 6 1924 to May 9 1925
that I last saw her alive on May 9 1925
and that death occurred, on the date stated above, at 2:50 A. M.
The CAUSE OF DEATH was as follows: (State fully)

Carcinomatous; pancreas
liver, gastro-intestinal tract &
pelvis
(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY Metastatic meningitis (malignant)
(Secondary) (duration) 2 yrs. ? mos. ? ds.

17 Where was disease contracted if not at place of death

Did an operation precede death yes For what Diagnosis
Date of operation May 31/25

Was there an autopsy no

What test confirmed diagnosis operation
(Signed) Richard M. Maltby, M. D.
(Address) 114 Pleasant St
Date May 10/25

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Worcester
(Cemetery) (City or town)

19 UNDERTAKER C R Benson

DATE OF BURIAL 5/11/25

ADDRESS Worcester

Official position Public Health Officer Date of issue of permit May 11/25 Permit No. 1421

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Commissioner, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleiman*, (b) *Greengrocer*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Navigator," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home workers who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma, Tubercle of lung*, etc.; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough*; *Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Marasmus," "Old age," "failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misarrriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

The Commonwealth of Massachusetts
 STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County Suffolk.

State Massachusetts.

(City or town) 90
 Registered No. 90

City or Town Winthrop.

No. Station Hospital, Ft. Banks, Mass. St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Lamorre.

(If U. S. War Veteran, specify WAR)

(a) Residence. No. Fort Banks, Mass.

St. Ward

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 years 7 months 1 days. How long in U. S., if of foreign birth? — years — months — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
 DIVORCED (write the word)

Single.

5a If married, widowed or divorced
 HUSBAND of
 (or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
 1 day, hrs.
 or min.

19

1

1

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
 particular kind of work

Soldier, U.S. Army.

(b) Name of employer

U. S. Army.

8 BIRTHPLACE (City)

Unknown.

(State or country)

New Hampshire.

9 NAME OF
 FATHER

Unknown.

10 BIRTHPLACE OF
 FATHER (City)

Unknown.

(State or country)

Unknown.

11 MAIDEN NAME
 OF MOTHER

Unknown.

12 BIRTHPLACE OF
 MOTHER (City)

Unknown.

(State or country)

13 Informant

Official military records.

(Address)

Fort Banks, Mass.

14 Filed

May 18/28
 (Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May 11 1928.
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

May 8, 1928, to May 11, 1928.

that I last saw him alive on May 11, 1928.

and that death occurred, on the date stated above, at 12.45 P. m.
 The CAUSE OF DEATH was as follows: (State fully)

Appendicitis, acute, gangrenous.

(duration) — yrs — mos. 8 ds.

CONTRIBUTORY Peritonitis, acute, sero-fibrinous
 (Secondary) severe. 2. Septicemia, acute,
general, severe.

(duration) — yrs — mos. 3 ds.

17 Where was disease contracted
 if not at place of death

Did an operation precede death yes. For what Appendicitis.

Date of operation May 7, 1928.

Was there an autopsy No.

What test confirmed diagnosis Physical findings and
 (Signed) W. F. Turner, Capt. M.C. USA. laboratory tests. M. D.

(Address) Fort Banks, Mass.

Date May 11, 1928.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Marquette M.H.

(Cemetery)

(City or town)

DATE OF BURIAL

5/14/28

19 UNDERTAKER

C R Bennett

ADDRESS

Winch

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

Health Officer

Date of issue of permit

5/13/28

Permit No.

1410

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Carpenter, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The maternal worked on many form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lebor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely synonymous), "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Imbition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

plied. AGE statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop

1 PLACE OF DEATH

County Suffolk

State Mass.

(City or town)
Registered No. 21

City or Town Winthrop

No. Winthrop community hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Baby) Corcoran

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Enfield Rd.

St. Ward,

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

Stillborn

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

9 NAME OF
FATHER

William

10 BIRTHPLACE OF
FATHER (City)

East Boston

(State or country)

Mass.

11 MAIDEN NAME
OF MOTHER

Agnes C. Molloy

12 BIRTHPLACE OF
MOTHER (City)

South Boston

(State or country)

Mass.

13 Informant

William Corcoran

(Address)

19 Enfield Rd.

14 Filed

(Month) (Day) (Year)

REGISTRAR

15 DATE OF DEATH

May 13 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19,

that I last saw h. alive on , 19,

and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows: (State fully)

Five + one half months foetus

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) Edward J. Franzen, M. D.

(Address) 79 Main St.

Date May - 14 - 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Michaels Boston

(Cemetery)

(City or town)

DATE OF BURIAL

5/15/28

19 UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official
position

Health Officer

Date of
issue
of permit

5/15/28

Permit

44

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Commissioner*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERINEAL EPIDEMICA," "PERINEAL PERITONITIS," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, syphilis, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent, appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died: and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

200,000, 9-26, NO. 6373
plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County Suffolk

State Mass

(City or town) 92

Registered No. 92

City or Town Winthrop

No. 33 Dolphin Ave/

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Thomas Sullivan

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 33 Dolphin Ave

St. Ward

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S. if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Catherine J/

6 AGE

Years

Months

Day:

IF LESS than
1 day, hrs.
or min.

75

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF
FATHER

John

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Margaret Sullivan
Cannot be learned

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13

Informant

Catherine Sullivan

(Address)

33 Dolphin Ave.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May 16

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

May 9, 1928, to May 16, 1928

that I last saw him alive on

May 16

1928

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

2.15 P m.

Chronic nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Arterio-sclerosis

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

No For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop

Winthrop

5/19/28

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

John F. O'Malley Winthrop

Official
position

Health Officer

Date of
issue

5/18/28

Permit
No.

14/13

1991-1992) & Centers and American Public Health Association)

FROM THE LAWS OF THE

GOVERNING THE

—

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until the same shall have been delivered to such board, agent or

clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or by the who is a member of the board of health, or upon application make the certificate selection for the purpose, shall upon application make the certificate, required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, l. 1, as amended.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home, who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*, and children not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has state compensation or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 yrs.). For persons who have no occupation whatever, write *No*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation). Examined always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup") ; *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, "unqualified," indefinite); *Pneumonia*, etc., *Cerebrum, Sacrum, tubercles* of lungs, meninges, peritoneum, etc., *Carcinoma, Sarcoma*, etc., (name origin; "Cancer" is less definite; avoid use of, "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Epileptic convulsions* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asthma," "Coma," "Convulsions," "Delirium," "Atrophy," "Collapse," "Gonorrhea," "Hemorrhage," "Inflammation," "Marasmus," "Old age," "Furunculosis," "Jaundice," "Stomatitis," "Strabismus," "Tetanus," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childhood or misadventure, as "Puerperal septicaemia," "Puerperal pyelitis," etc.

State cause for which surgical operation was undertaken.
(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Cardiac cases will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chills, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

(City or town)

Registered No.

23

City or Town

Winthrop.

No.

Station Hospital,

Fort Banks, Winthrop.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Eugene L. Roberts.

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

Fort Banks, Winthrop, Mass.

St.

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 0 years 0 months 23 days.

How long in U. S., if of foreign birth? - years - months - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single.

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

25

0

1

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Musician, U.S. Army.

(b) Name of employer

U.S. Army.

8 BIRTHPLACE (City)

Unknown.

(State or country)

New Hampshire.

9 NAME OF
FATHER

Unknown.

10 BIRTHPLACE OF
FATHER (City)

Unknown.

(State or country)

Unknown.

11 MAIDEN NAME
OF MOTHER

Unknown.

12 BIRTHPLACE OF
MOTHER (City)

Unknown.

(State or country)

Unknown.

13 Informant

Official Records, U.S. Army.

(Address)

Fort Banks, Mass.

14 Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. L. Giddens

Official position

Health Officer

Date of issue of permit

5/18/28

Permit No.

1412

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

17,

1928.

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

April 24,

1928,

to

May 17,

1928.

that I last saw h

in

alive on

May 17,

19

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

3.45 AM

Neuritis, chronic, peripheral, severe.

(duration) 0 yrs. 8 mos. - ds.

CONTRIBUTORY (Secondary)

None.

(duration) - yrs. - mos. - ds.

17 Where was disease contracted if not at place of death

Did an operation precede death

No.

For what

Date of operation

None.

Was there an autopsy

No.

What test confirmed diagnosis

(Signed)

(Address)

Date

J. J. Giddens, Capt. U.S. Army.

May 17, 1928. Fort Banks, Mass.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Work-Benevolent Fund Burial

(Cemetery)

(City or town)

DATE OF BURIAL

May 21/28

19 UNDERTAKER

Chas. R. Fennell

ADDRESS

Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers or receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of illness, the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleia"; *Cerebrospinal meningitis*); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia," unqualified, is indefinite); *Monia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*; *Carcinoma, Sarcoma, etc.*, of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Stiffle," etc.; "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000, 9-26, NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Mass (City or town) 94
Registered No.

City or Town Winthrop No. 22 Read St. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John F. Doherty

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 22 Read St.
(Usual place of abode)

St. Ward
(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth

6 AGE Years 66 Months Days IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Engineer (b) Name of employer

8 BIRTHPLACE (City) East Boston (State or country) Mass

9 NAME OF FATHER John

10 BIRTHPLACE OF FATHER (City) Ireland (State or country)

11 MAIDEN NAME OF MOTHER Bridget Bradley

12 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

13 Informant Elizabeth Doherty (Address) 22 Read St.

14 Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 20 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 12, 1928, to May 20, 1928, that I last saw him alive on May 20, 1928, and that death occurred, on the date stated above, at 9:35 P. m. The CAUSE OF DEATH was as follows: (State fully) Pneumonia - lobar - left.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 8 ds.

17 Where was disease contracted if not at place of death (duration) yrs. mos. ds.

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis clinical (Signed) Dr. Whaley, M. D.

(Address) Wentworth Mass Date May 20 - 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden (Cemetery) (City or town) DATE OF BURIAL 5/23/28

19 UNDERTAKER John F. O'Grady ADDRESS Date of issue 5/21/28 Permit No. 1713

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Porter," "Messenger," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 *da*; *Bronchopneumonia* (secondary), 10 *da*. Never report mere symptoms or terminal conditions such as "Coma," "Anemia" (merely symptomato), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Dementia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

R-301
200,000, 9-26, NO. 6373
plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

St.

Ward

(If non-resident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred

How long in U. S. if of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

19 to 19

that I last saw h alive on 19

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

Auto Dilatation of Heart.

CONTRIBUTORY
(Secondary)

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery) (City or town)

DATE OF BURIAL

5/24/28

19 UNDERTAKER

ADDRESS

Official
position

Date of
issue of
permit

Permit
No.

1417

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 40, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household can (not paid Housekeepers who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonitis*, etc.; *Carcinoma*, *Sarcoma*, etc.; of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Coma," "Convulsions," "Dehility," "Congestive," "Senile," etc.; "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Icteric," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

(City or town)

City or Town

Woburn

No.

94 Freeman

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Charles E. Rich

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

94 Freeman

St.

Ward

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 years months days

How long in U. S. if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
 DIVORCED (write the word)

Widowed

5a If married, widowed or divorced
 HUSBAND of
 (or) WIFE of

Sarah E. Rich (deceased)

6 AGE

Years

83

Months

9

Days

2

IF LESS than
 1 day,hrs.
 ormin.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
 particular kind of work

retired

(b) Name of employer

8 BIRTHPLACE (City)

Charlton

(State or country)

Mass

9 NAME OF
 FATHER

Robert Rich

10 BIRTHPLACE OF
 FATHER (City)

Malden

(State or country)

11 MAIDEN NAME
 OF MOTHER

Mary Foster

12 BIRTHPLACE OF
 MOTHER (City)

Wellesley

(State or country)

13

Informant

Helen Cook (Mrs)

(Address)

74 Freeman St Woburn

14

Filed

May 1925

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm D. Childrey

Official position

Health Officer

Date of issue

5/22/25

Permit No.

1410

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

5

20

25

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

5-16

1925

to

5-20

1925

that I last saw him alive on

5-20

1925

and that death occurred, on the date stated above, at
 The CAUSE OF DEATH was as follows: (State fully)

9 P m.

General Arterio-Sclerosis

(duration)

hrs.

mos.

ds.

CONTRIBUTORY
 (Secondary)

Chronic Nephritis

(duration)

hrs.

mos.

ds.

17 Where was disease contracted
 if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

Harvey A. Kelly

M. D.

(Address)

260 Pleasant St

Date

5/21/25

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woburn Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

5/24/25

19 UNDERTAKER

Chas R. Burman

ADDRESS

Woburn

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleman*, (b) *Greasy*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home, who may receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc.; (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive"), "Seizure," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 97
City or Town Winthrop No. 827 Shirley St St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Grace E. Crocker
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 827 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Theodore E. Crocker

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
49 8 19

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

M/Home

8 BIRTHPLACE (City)

(State or country)

Bath Me

9 NAME OF FATHER

George McPhail

10 BIRTHPLACE OF FATHER (City)

(State or country)

Perry Me

11 MAIDEN NAME OF MOTHER

Julia Pott

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Perry Me

13 Informant

(Address)

Theodore E. Crocker
827 Shirley St Winthrop

14 Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH MAY 21 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 21, 1928, to May 21, 1928.

that I last saw him alive on May 20, 1928

and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY Chronic Interstitial nephritis
(SECONDARY)

(duration) 2 yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edward J. Franze, M. D.

(Address) 7 Edwin St

Date May 21 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR DEPOSITION Riverside Fairhaven Mass
(Cemetery)

DATE OF BURIAL

May 24-28

19 UNDERTAKER Frank E. Brown Winthrop

Official position Health Officer

Date of issue of permit 5/23/28 Permit NO. 1410

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home, who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 28 da. *Bronchopneumonia* (secondary), 10 da. Never report more than 8 symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gasrone, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement and recorded, stating the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemias), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

16, 501

Winthrop
 (City or town)

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 98
 City or Town Winthrop Ingalls Station & Ambulance St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Sanford Ballou
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. No. Winthrop St. Park Ward. (If non-resident, give city or town and state)

Length of residence in city or town where death occurred 35 years months days How long in U.S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Martha P. Ballou WIFE of

6 AGE Years 66 Months 8 Days 1 If less than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Real Estate
 (b) Name of employer

8 BIRTHPLACE (City) East Boston
 (State or country) Massachusetts

9 NAME OF FATHER Jackson Ballou

10 BIRTHPLACE OF FATHER (City) Chelsea
 (State or country) Vermont

11 MAIDEN NAME OF MOTHER Mary McSpensie

12 BIRTHPLACE OF MOTHER (City) Unable to obtain
 (State or country) Scotland

13 Informant John M. Ballou (son)
 (Address) 33 Pleasant Park Road

14 Filed 1928 REGISTRAR
 (Month) (Day) (Year)

20 Burial permit issued by Wm H. Childress Official position Agent

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 22 1928
 (Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes:
Cardio-vascular disease -
(Said suddenly.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Long Bayne May 22 M.D.
 (Address)

Medical Examiner for Suffolk
 Date May 22 1928
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Winthrop DATE OF BURIAL May 24, 1928
 (Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER Charles R. Bemison ADDRESS Winthrop

21 Date of issue May 24/28 Permit No. 1419

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

16,504

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St., Ward.

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:~~Determined under medical study.~~Natural Cause: Endarteritis,
chronic of the coronary artery, left
branches with stenosis of the
descending and occlusion of the
circumflex branch
(Died Suddenly)

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

(Address)

M.D.

Medical Examiner for

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

(Month) (Day) (Year)

19 UNDERTAKER

ADDRESS

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If less than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 Burial permit
issued byOfficial
position21 Date of
issuePermit
No.

information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

... No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 53, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage, spontaneous, of the brain (basal ganglia) (found dead in bed)," "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



The Commonwealth of Massachusetts

MEDICAL EXAMINER FOR SUFFOLK COUNTY

Office of the Northern Division

274 BOYLSTON STREET, BOSTON

GEORGE BURGESS MAGRATH, M.D.
Medical Examiner

To THE TOWN CLERK, WINTHROP, MASSACHUSETTS:--

I hereby certify that on the 23rd & 26th days of May,

in the year 1928, in accordance with the provisions of law, I examined the body
and made personal inquiry into the cause and manner of the death of

JOSEPH GEORGE PRANSKY

aged forty-five years, late of 37 Sea Foam Ave., Winthrop, Mass.,

who died at 37 Sea Foam Avenue, Winthrop, Massachusetts, on

the 23rd day of May, in the year 1928.

I further declare it to be my opinion that the said decedent **died from**

Natural Causes: Endarteriitis, chronic, of the coronary artery,
left, - branches, with stenosis of the descending and occlusion of
the circumflex branch. (Died suddenly.)

WITNESS my hand and seal this 12th day of July,

in the year 1928.

George Burgess Magrath, M.D.

Medical Examiner for Suffolk County.

May 23. 1928

R-301
plied. AGE stated-EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000, 9-26, NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 100
City or Town Winthrop No. 1 Burrill Terrace St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Ella Jane Swint
(If U. S. War Veteran, specify WAR)
(a) Residence. No. 1 Burrill Terrace St. Ward
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 38 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5a If married, widowed or divorced HUSBAND OF Jacob P. Swint
(or) WIFE OF
6 AGE Years Months Days IF LESS than 1 day,.....hrs. or.....min.
71 X X
IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City) Woburn.
(State or country) Massachusetts.

9 NAME OF FATHER Darius Hadley.

10 BIRTHPLACE OF FATHER (City) Stoughton.
(State or country) Massachusetts.

11 MAIDEN NAME OF MOTHER Mary Dean.

12 BIRTHPLACE OF MOTHER (City) Woburn.
(State or country) Massachusetts.

13 Informant Jacob P. Swint.
(Address) 1 Burrill Terrace.

14 Filed
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm H. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 23 1928
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to May 23, 1928
that I last saw him alive on May 21, 1928
and that death occurred, on the date stated above, at 7:10 a. m.
The CAUSE OF DEATH was as follows: (State fully)
Valvular heart disease

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Passive congestion

(duration) yrs. mos. ds.
17 Where was disease contracted if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis

(Signed) W. J. Gould, M. D.

(Address) 150 Union St. Winthrop, Mass.

Date May 24 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Winthrop Winthrop May 25
(Cemetery) (City or town)

19 UNDERTAKER ADDRESS
Charles P. Bemison Winthrop.

Official position Agent Date of issue of permit May 24/28 Permit No. 1418

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Carpenter, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonitis*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Scarle," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childhood or misadventure, as "PERIPHERAL, septicaemia," "PERIPHERAL, peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No.

PETER BENT BRIGHAM HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **ELIZABETH L. STAPLES**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**

City or Town

WINTHROPNo. **29 THORNTON PK.** St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**W.**

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE**EDMUND B.**

6 AGE

Years

46

Months

1

Days

8If LESS than
1 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**AT HOME**

(b) Name of employer

8 BIRTHPLACE (city or town) **SEARSPORT**

(State or country)

MAINE9 NAME OF
FATHER**SAWALL LANCASTER**10 BIRTHPLACE OF
FATHER (city or town)**SEARSPORT**

(State or country)

MAINE11 MAIDEN NAME
OF MOTHER**ELIZABETH CARVER**12 BIRTHPLACE OF
MOTHER (city or town)**SEARSPORT**

(State or country)

MAINE13 Informant **E. P. STAPLES**

(Address)

29 THORNSTON PK, WINTHROP

14 Filled

, 1928

E. W. M. Glenew

Registrar of city or town where death occurred

Filed **June 5**, 1928

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

MAY 24

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

MAY 18, 19 **28** to**MAY 24**, 19 **28**that I last saw him **ER** alive on **MAY 24**, 19 **28**and that death occurred, on the date stated above, at **10 P** m.

The CAUSE OF DEATH was as follows: (State fully)

LOBAR PNEUMONIA(duration) yrs. mos. **8** ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

NOWhat test confirmed diagnosis **CLINICAL AND LABORATORY**(Signed) **C. L. CLAY**, M. D.

(Address)

Date

MAY 25, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(SEARSPORT) SEARSPORT, ME

(Cemetery)

(City or town)

DATE OF BURIAL

5-26

, 1928

19 UNDERTAKER

WALTER T. WHITE

ADDRESS

Elizabeth A. Stople

May 24. 1928

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence, No.

(Usual place of abode)

St.

Ward,

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

May 26, 1928, to May 26, 1928

that I last saw him alive on May 26, 1928

and that death occurred, on the date stated above, at 8 P. M.
The CAUSE OF DEATH was as follows: (State fully)Premature about
7 mos
Marasmus
(duration) — yrs — mos. 3 ds.CONTRIBUTORY
(Secondary)

(duration) — yrs — mos. — ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis clinical

(Signed) Oliver E. Johnson, M. D.

(Address) 123 Chestnut St

Date June 1, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

6/8/28

19 UNDERTAKER

ADDRESS

Chas R. Bennett Winstot

Official
position

Health Officer

Date of
issue
of permit

6/7/28

Permit
No.

1426

(Approved by U. S. Census and American Public Health Association)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Sidesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid as *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not faintly employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleia; cerebrospinal meningitis"); *Diphtheria* (avoid use of "Comp."); *Typhoid fever* (never report "Pneumonia," "Influenza," "Typhoid fever," "Typhoid pneumonia," "unqualified," is indefinite); *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum, etc.*; *Carcinoma, Sarcoma, Tumor* (avoid use of "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Aschemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Heart failure," "Hemorrhages," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal pyemia," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

(City or town)

Registered No.

103

City or Town

Winthrop

No.

160 Cottage Park Road St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

M. Etta Garrett

(If U. S. War Veteran, specify WAR)

3 Residence. No.

(Usual place of abode)

160 Cottage Park Road

St.

Ward,

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND OF
(or) WIFE of

William H. Garrett

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

64

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Foxcroft

Maine

9 NAME OF
FATHER

Daniel Brown

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Foxcroft

Maine

11 MAIDEN NAME
OF MOTHER

Mary Jane Starbord

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Foxcroft

Maine

13

Informant

(Address)

Husband

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Childers

Official
position

Health Officer

Date of
issue
of permit

2/29/28

Permit
No.

1721

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May

26

1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June

1927

to

May

1928

that I last saw her alive on

May 26

1928

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

2 P. m.

Chronic interstitial
myocarditis(duration) ☒ yrs. mos. ds.CONTRIBUTORY
(Secondary)

Bronchio-pneumonia

(duration) ☒ yrs. mos. ds.17 Where was disease contracted
if not at place of death

Did an operation precede death

No

For what

Date of operation

Was there an autopsy

No

What test confirmed diagnosis History: Physical examination

(Signed) Sallie H. Saunders, M.D.

(Address) 32 Woodside Park, Winthrop

Date May 29, 1928 Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Lowell Cemetery, Lowell

(Cemetery)

(City or town)

DATE OF BURIAL

May 29, 1928

19 UNDERTAKER

Walter T. White

ADDRESS

Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "oreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *meningitis, Bronchopneumonia* ("Pneumonia," etc.); *Carcinoma, Sarcoma, Tuberculosis of lungs, meningitis, peritonitis, etc.* Avoid use of "Tumor" for malignant neoplasms; *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Convulsions," "Delirium," "Atrophy," "Collapse," "Coma," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No.

ROXBURY HOSPITAL

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **5319**

(Place of death)

Registered No. **104**

(Place of residence)

2 FULL NAME **ALICE A. BUCKLEY**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**

(Usual place of abode)

City or Town

WINTHROP

No.

57 HUTCHINSON

St.

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**M.**

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE**WILLIAM A.**

6 AGE

Years

33

Months

7

Days

13If LESS than
1 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**STENOGRAPHER**

(b) Name of employer

JAMES WILKINSON & CO.

8 BIRTHPLACE (city or town)

WINTHROP

(State or country)

MASS.9 NAME OF
FATHER**WILLIAM AMES**10 BIRTHPLACE OF
FATHER (city or town)**-----**

(State or country)

VERMONT11 MAIDEN NAME
OF MOTHER**MARGARET CUMMINGS**12 BIRTHPLACE OF
MOTHER (city or town)**-----**

(State or country)

MAINE

13

Informant

HUSBAND

(Address)

57 HUTCHINSON ST. WINTHROP

14

Filed **JUNE 1** 19 **28**

Registrar of city or town where death occurred

Filed **JUNE 5** 19 **28**

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

MAY 29

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

MAY 27, 19 **28****MAY 29**, 19 **28**that I last saw h **ER** alive on **MAY 29**, 19 **28**and that death occurred, on the date stated above, at **3 A** m.

The CAUSE OF DEATH was as follows: (State fully)

FIBROMYOMATA UTERI

(duration) yrs. mos. ds.

CONTRIBUTORY **SURGICAL SHOCK**

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of deathDid an operation precede death **YES** For what **FIBROMYOMA**Date of operation **MAY 28, 1928**

Was there an autopsy

What test confirmed diagnosis

(Signed) **E. W. HODGKINS**, M. D.

(Address)

Date **MAY 29, 1928**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(WINTHROP) WINTHROP

(Cemetery)

(City or town)

DATE OF BURIAL

5-31, 19 **28**

ADDRESS

19 UNDERTAKER

C. R. BENNISON

may be properly classified. Exact statement of OCCUPATION is very important.

once in 13 weeks
May 29, 1938

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Witcham
 (City or town)
 Registered No. *105*

1 PLACE OF DEATH

County

Suffolk

State

Mass

City or Town

Witcham

No.

40 Bowdoin St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary Ann Elizabeth Young

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

40 Bowdoin St

St.

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

2 years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

*White*5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*widow*

5a If married, widowed or divorced

HUSBAND of

(or) WIFE of

Amara Young

6 AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.*72*

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*at home*

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

*East Mass**Boston - Mass*9 NAME OF
FATHER*William Allmand*10 BIRTHPLACE OF
FATHER (City)

(State or country)

*Portland*11 MAIDEN NAME
OF MOTHER*Mary Merrett*12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Marri South

13

Informant

(Son) Chester A. Goodwin

(Address)

40 Bowdoin St Witcham

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Widdows

Official position

Health Officer

Date of issue of permit

6/1/28

Permit No.

1722

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

May 30 1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

*Jan 1 1928 to May 30 1928*that I last saw her alive on *May 28 1928*and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)*O.P.* m.*Pneumonia of stomach*(duration) yrs. *6* mos. ds.CONTRIBUTORY
(Secondary)*Chronic myocarditis*(duration) yrs. *6* mos. ds.17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

George W. Salway, M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

Garden - Conely - Chelsea

DATE OF BURIAL

6/1/28

19 UNDERTAKER

Chas. R. Beaumont

ADDRESS

Witcham

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Porter," "Man," "Manager," "Deleter," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid as *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (*retired*, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation). Using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *meningitis*, *Bronchopneumonia* ("Pneumonia," etc., *Carbuncle*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Chronic interstitial nephritis*, etc. The *Chronic tubercular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (nearly synonymous), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Crisis," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or marriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury of otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, of the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Every item of information to be carefully supplied. AGE statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000, 9-26, NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. (City or town)
City or Town Winthrop No. 44 Registered No. 117
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ole John Knudson
(If U. S. War Veteran, specify WAR)

(a) Residence, No. 49 Marshall St St. 1 Ward, 1
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a If married, widowed or divorced HUSBAND of (or) WIFE of Anna M Knudson
6 AGE Years 71 Months 5 Days 6 IF LESS than 1 day, hrs. cr. min.
IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baggage Master
(b) Name of employer J. B. Adams & Co.

8 BIRTHPLACE (City) Norway
(State or country)

9 NAME OF FATHER Knud Olson

10 BIRTHPLACE OF FATHER (City) Norway
(State or country)

11 MAIDEN NAME OF MOTHER Bertha Johanson

12 BIRTHPLACE OF MOTHER (City) Norway
(State or country)

13 Informant Wife
(Address)

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 2 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY That I attended deceased from Mar. 2, 1928, to June 2, 1928
that I last saw him alive on June 2, 1928
and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH was as follows: (State fully)
Pernicious Anemia

CONTRIBUTORY (Secondary) Unknown
(duration) yrs. 3 mos. ds.

17 Where was disease contracted if not at place of death Blood transfusion

Did an operation precede death yes For what transfusion

Date of operation about May 18, 1928 M. H. H.

Was there an autopsy no

What test confirmed diagnosis Blood count etc.

(Signed) Enos E. Brown M.D.
(Address) 290 Summer St. E. Boston
Date June 2, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Cemetery
(Cemetery) (City or town) DATE OF BURIAL June 5 1928

19 UNDERTAKER Walter T. White ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress Official position Health Officer Date of issue of permit 6/3/28 Permit No. 1423

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *metast.*, *Bronchopneumonia* ("Pneumonia," etc., *Carcinoma*, *Sarcoma*, *Tuberculosis* of lungs, *meninges*, *pneumonia*, etc., *Measles*; *Whooping cough*; etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic interstitial heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Myocarditis* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Coma," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Asphyxia," "Convulsions," "Debility," "Congestion," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicaemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Carcinates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate selection for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or ashes thereof which have been brought into the commonwealth until he has received a permit, so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

NO. _____

NO. 1427

June 4, 1928

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

1

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . No such permit from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, stating the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to said board

of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following short, but also deaths from disease resulting from injury or infection related to occupation. This includes sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No. 29, Chester Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. 29 Chester Ave.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug 1923, to June 5, 1928

that I last saw him alive on June 4, 1928

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Arterio-sclerosis

(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY

(SECONDARY)

(duration) — yrs. — mos. — ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chemical

(Signed) Dr. W. E. Johnson, M. D.

(Address) 123 Winthrop St

Date June 5-1928 Winthrop

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Winthrop Winthrop

(Cemetery)

(City or town)

ADDRESS

19 UNDERTAKER

Long 9 Margeson Winthrop

Official
position

Health Officer 6/6/28

Permit
NO.

1424

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the

No undertaker or other person shall bury a human body... until he has received a permit from the board of health or its agent... or... from the clerk of the town where the person died... No such permit shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate... The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examinations of the dead bodies of only such persons as are the victims of violence.—*Gen. Laws, Chap. 38, Sec. 6*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), the thermal, or electrical, agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Mass Registered No. 110
City or Town Winchist No. Community Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ada Florence Snow
(If U. S. War Veteran, specify WAR)
(a) Residence. No. #103 Upland Rd St. Ward
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 4 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a If married, widowed or divorced HUSBAND of E. Maynard Snow (or) WIFE of
6 AGE Years 39 Months 4 Days 3 IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work at Home (b) Name of employer

8 BIRTHPLACE (City) Boston (State or country) Mass

9 NAME OF FATHER Harry Griffin

10 BIRTHPLACE OF FATHER (City) England (State or country)

11 MAIDEN NAME OF MOTHER Martina Jones

12 BIRTHPLACE OF MOTHER (City) England (State or country)

13 Informant E. Maynard Snow (Address) 103 Upland Rd. Winchist

14 Filed June 7 1928 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childers

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 6 1928 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 26 1928 to June 6 1928
that I last saw h alive on June 6 1928
and that death occurred, on the date stated above, at 6:30 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Solar Pneumonia
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Debilitated
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis Clinical

(Signed) Queller E. Johnson, M. D.

(Address) 123 Weymouth St

Date June 7 1928 Weymouth

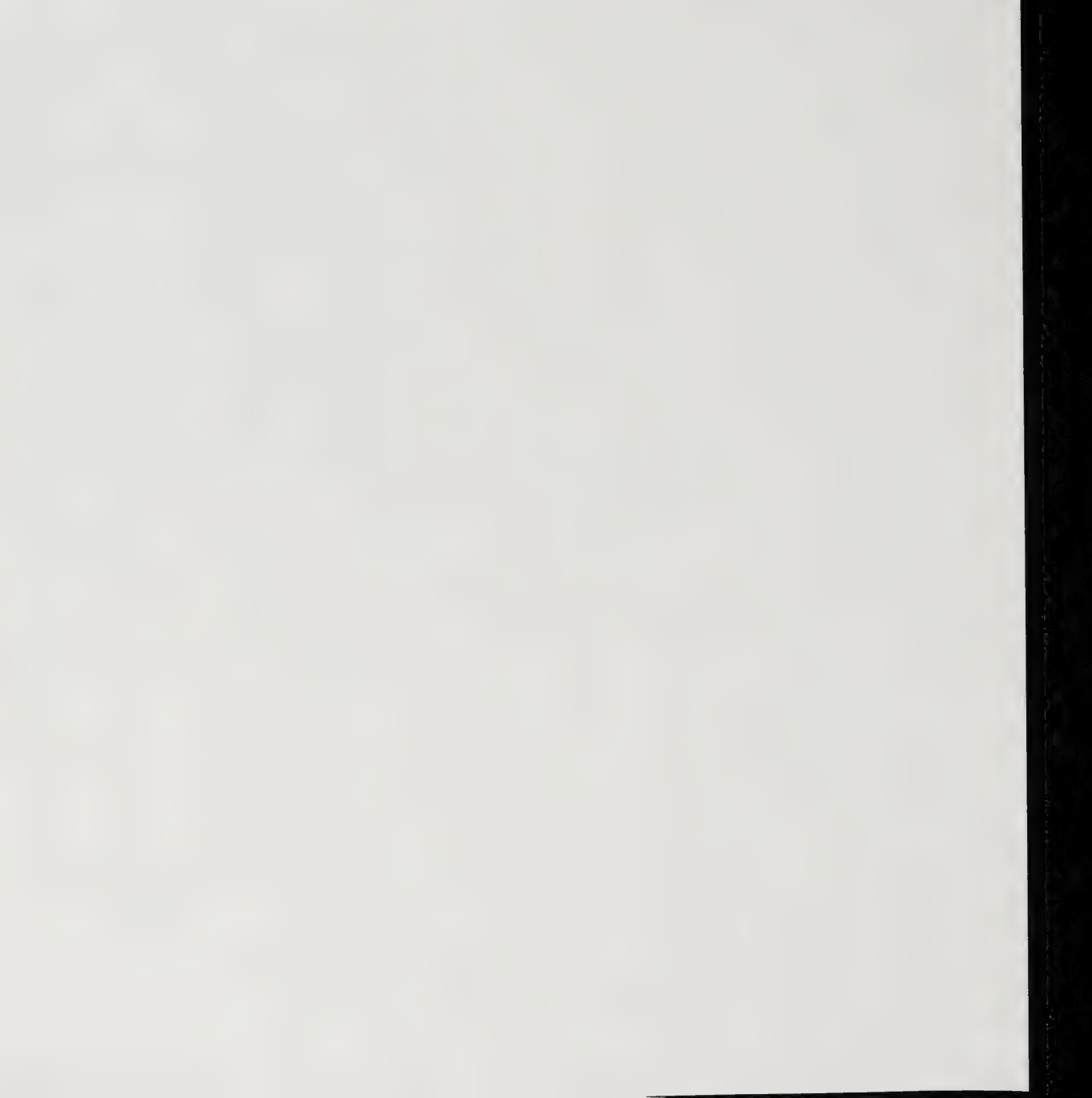
18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winchist Winchist (Cemetery) (City or town)

DATE OF BURIAL 6/8/28

19 UNDERTAKER Chas R. Bennett ADDRESS Winchist

Official position Health Officer Date of issue of permit 6/7/28 Permit No. 1425

PARENTS



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Mass Registered No. 110
City or Town Winthrop No. Cum gratia Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ada Florence Snow

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

103 Upland Rd

St. Ward

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 4 years 0 months 0 days. How long in U. S., if of foreign birth? 0 years 0 months 0 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced
HUSBAND of E. Maynard Snow
(or) WIFE of

6 AGE Years 39 Months 4 Days 3 IF LESS than 1 day,hrs. ormin.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) Name of employer

8 BIRTHPLACE (City) Boston
(State or country) Mass

9 NAME OF FATHER Harry Griffin

10 BIRTHPLACE OF FATHER (City) England
(State or country)

11 MAIDEN NAME OF MOTHER Martha Jones

12 BIRTHPLACE OF MOTHER (City) England
(State or country)

13 Informant E. Maynard Snow
(Address) 103 Upland Rd. Winthrop

14 Filed June 4/28
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

K.M.D. Sullivan

Official position

Health Officer

Date of issue of permit

6/7/28 Permit No. 1420

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 6 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 26, 1928, to June 6, 1928

that I last saw him alive on June 6, 1928

and that death occurred, on the date stated above, at 6:30 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Solar Pneumonia

(duration) 10 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Debilitated
Severe (duration) 2 yrs. 0 mos. 0 ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis Clinical

(Signed) Oswell E. Johnson, M. D.

(Address) 123 Brighton St

Date June 7 1928 Winthrop

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Cemetery
(Cemetery) (City or town)

DATE OF BURIAL 6/8/28

19 UNDERTAKER Chas R. Bennett

ADDRESS Winthrop

(Approved by U. S. Census and American Public Health Association)

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or

thereof of the attending physician provided. If there is no attending medical officer, the certificate shall be provided by the attending physician, or, if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the board of health, shall be called upon to issue the certificate required for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. *Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 49, G. L., as amended.*

(Approved by U. S. Census and American Public Health Association)

no occupation whatever, write *None*.

peritonitis," etc.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

"primary"; if secondary, give primary cause.

Opticemia, tetanus.

GOVERNING THE

doi:10.1017/S0022292412001679

Sec. 9.

may require.—*Chap. 114, Sec. 45, G. L., as amended.*

violence.—*Gen. Laws, Chap. 38, Sec. 6.*

of death.—*Gen. Laws, Chap. 38, Sec. 7.*

G. L., as amended.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

12

City or Town

Boston

No.

48 Sargent

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Michael J. Welsh

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

48 Sargent

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)
Married5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Julia M. Callahan

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

74

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF
FATHER

James Welsh

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Johanna Cotter

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13

Informant

Mrs. Edward Sullivan

(Address)

48 Sargent St. Win.

14

Filed

June 11/28

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 8 1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 6, 1928, to June 8, 1928,

that I last saw him alive on June 7, 1928,

and that death occurred, on the date stated above, at 6:00 A.M.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) ____ yrs. ____ mos. 4 ds.

CONTRIBUTORY

(SECONDARY)

arterio-sclerosis

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? no Date ofWas there an autopsy? no Under One Year. Was Baby Breast Fed

What test confirmed diagnosis?

(Signed)

W. J. Lohrly, M. D.

(Address)

4 Washington St.

Date

June 8, 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross Cemetery

(City or town)

Malden

DATE OF BURIAL

June 11/28

19 UNDERTAKER

W. J. Lohrly

Dorchester

ADDRESS

Official position

Health Officer

Date of
issue of
permit

6/11/28

Permit

NO.

1428

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the specific line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory.* Never return "Laborer," "Form part of the second statement. Never return more precise specification, man," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *menitis, Bronchopneumonia* ("Pneumonia," etc., *Carcinoma, Sarcoma, Tuberculosis of lung, meningitis, peritonitis, etc.* *Carcinoma, Sarcoma, meningitis*, (name origin, "Cancer" is less definite; avoid use of, "Tumor" for malignant neoplasms); *Malaria, Whooping cough*; etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Chronic interstitial nephritis, etc.* The *Chronic nodular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intervening) affection need not be stated unless important. Example: *Malaria* (disease causing death), *28 da; Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility," "Congenital," "Senile," etc., "Dropy," "Maras-haustion," "Heart failure," "Hemorrhage," "Inflammation," "Marasmus," "Old age," "Shock," "Pneumia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal diseases resulting from childbirth or miscarriage," "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

1162

City or Town

Winthrop

No.

128 Pauline Street

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Daniel J. Donoghue

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

128 Pauline Street

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

15 years

months

days.

How long in U. S., if of foreign birth?

45

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Mary C.B. Gorman

6 AGE

Years

57

Months

7

Days

16

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Shipper,

(b) Name of employer

N.E. Confectionery Co.

8 BIRTHPLACE (City)

(State or country)

England

9 NAME OF
FATHER

Cornelius J. Donoghue

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Johannah Myron

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

Mrs. Mary Donoghue

(Address)

128 Pauline Street, Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 12 1928
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 3, 1928, to June 12, 1928,
that I last saw him alive on June 12, 1928,

and that death occurred, on the date stated above, at 11:30 P. M.

The CAUSE OF DEATH was as follows:

Emphysema

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. 2 mos. ____ ds.

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? No Date of

Was there an autopsy? No

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL

June 16, 1928

19 UNDERTAKER

Richard C. Kirby

ADDRESS

East Boston

Official
position

Health Officer

Date of
issue

6/16/28

Permit
No.

1432

should be exactly. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

June 12, 1920

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; it should be an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Ferrman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not painfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (nearly synonymic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanity," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gas gangrene, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE—

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease or which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 56, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 56, Sec. 7.*

RULES OF PRACTICE

Dr. Mahoney

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including recognized septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

7-303
information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

16,535

Medical Examiner's Certificate of Death

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County

State

Registered No.

City or Town

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

15 DATE OF DEATH

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If less than
1 day, ... hrs.
or ... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

Natural Cause: Presumably
Cardio-Vascular disease -

(Found dead in tide water
which he had entered for
a swim.)

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

(Month) (Day) (Year)

19 UNDERTAKER

ADDRESS

20 Burial permit
issued by

Official
position

21 Date of
issue

Permit
No.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

June 13, 1928

R-301
200,000, 9-26, NO. 6373
N. B. - WRITE PLAINLY, WITH WRITING BLACK INK - THIS INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE STATEMENT OF OCCUPATION IS VERY IMPORTANT. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

(City or town)

Winthrop
115

City or Town

Winthrop

No.

51 Palmyra

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Theresa Ella Brown

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

5 Inglewood Ave

St.

Ward

2 Precinct 2

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred *20* years *17* months *17* days.

How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Roscoe J. Brown

6 AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.

75

7

4

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

Sauriscotta

(State or country)

Maine

9 NAME OF
FATHER

Geo. W. Chapman

10 BIRTHPLACE OF
FATHER (City)

Woburn

(State or country)

Maine

11 MAIDEN NAME
OF MOTHER

Mary J. Sidelinger

12 BIRTHPLACE OF
MOTHER (City)

Waldoboro

(State or country)

Maine

13

Informant

Luella E. Gordon

(Address)

1431 Commonwealth Ave., Brighton

14

Filed

June 21/28
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

6

14

28

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

6-1

1928

to

6-14

1928

that I last saw her alive on

6-13

1928

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

7 A m.

Angina Pectoris

CONTRIBUTORY
(Secondary)

Chronic Myocarditis
(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

No

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

Harry Aschby

M. D.

(Address)

200 N. Leonard St.

Date

6-15-28

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

Woodlawn Cemetery

June 14-28

19 UNDERTAKER

ADDRESS

Walter T. White

Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. H. Childress

Official position

Agent

Date of issue of permit

6/15/28

Permit No.

1431

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer." Former man, "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household may (not paid) *Housekeepers* who receive a definite salary, may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc.*, *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neuritis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 114 (City or town)
City or Town Wintthrop No. 18 Edge Hill Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ralph A. Connelly
(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 18 Edge Hill Road St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
— 1 — —

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Wintthrop
Mass.

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)
(State or country) Chelsea
Mass

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)
(State or country) Chelsea
Mass

13 Informant Mr Peter E Connelly
(Address) 18 Edge Hill Road

14 Filed June 17, 1928
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm L. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 17, 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 8, 1928, to June 17, 1928,
that I last saw him alive on June 16, 1928,
and that death occurred, on the date stated above, at 4.50 a.m.
The CAUSE OF DEATH was as follows:

Congenital Malformation
(Liver)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY
(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) John M. Doran, M. D.
(Address) 640 Broadway
Date June 17, 1928 Chelsea
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross Church DATE OF BURIAL June 18, 1928
(Cemetery) (City or town)

19 UNDERTAKER

J. F. McElmurry ADDRESS 513 Broadway

Official position Agent

Date of issue of permit 6/17/28

Permit No. 1733

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill*; (a) *Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory*. The material "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Farmer Laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid as *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Grippe"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonitis, etc.*; *Carcinoma, Sarcoma, etc.*, of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphensia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Corditis will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, childbirth, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neonosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died! . . . No such permit shall be issued until the facts have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered

No. 1162

City or Town

Winthrop

No.

894 Shirley Street

St. 117 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alice Flinn

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

894 Shirley Street

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

15

months

days

How long in U. S., if of foreign birth?

50

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female White Widowed

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

John Flinn

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

70

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

Prospect, N.F.

(State or country)

9 NAME OF
FATHER

Unknown

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Unknown

11 MAIDEN NAME
OF MOTHER

Unknown

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Unknown

13

Informant

John Flinn Son

(Address)

894 Shirley Street, Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. L. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 19 28

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan. 1928, to June 19, 1928

that I last saw him alive on June 19, 1928

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? Date of

Was there an autopsy?

If under one year, was Infant Breast Fed?

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL

June 22, 1928

19 UNDERTAKER

ADDRESS

Richard C. Kirby East Boston

Official
position

Health Officer

Date of
issue

6/22/28

Permit
No.

1434

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *City engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Driver," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary, not gainfully employed, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis*; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs meningitis, peritonitis*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2d d*; *Bronchopneumonia* (secondary), *10 d*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Corticastes will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, necrosis, gastritis, erysipelas, meningitis, miscarriage, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46B, Sec. 8.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
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- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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200,000, 9-26, NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass. Registered No. 118
City or Town Winthrop No. 25 Sea Foam Ave. Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Leah Goldberg
(U.S. War Veteran, specify WAR)
(a) Residence. No. 25 Sea Foam St. _____ Ward Winthrop
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5a If married, widowed or divorced HUSBAND or (or) WIFE of David
6 AGE 70 Years _____ Months _____ Days _____ IF LESS than 1 day, _____ hrs. or _____ min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) Name of employer _____

8 BIRTHPLACE (City) Russia
(State or country)

9 NAME OF FATHER Levy Schiff
10 BIRTHPLACE OF FATHER (City) Russia
(State or country)
11 MAIDEN NAME OF MOTHER Leah
12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant Jacob Schiff
(Address) 60 Bennington St. E.B.

14 Filed June 23 1928
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W.D. Childers
9.39.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 23 1928
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from June 19 1928 to June 23 1928
that I last saw her alive on June 22 1928
and that death occurred, on the date stated above, at 9. 7. m.
The CAUSE OF DEATH was as follows: (State fully)
Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. 15 ds.
CONTRIBUTORY Stomach
(Secondary) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death _____
Did an operation precede death _____ For what _____
Date of operation _____
Was there an autopsy _____
What test confirmed diagnosis _____
(Signed) David N. Parys, M.D.
(Address) 48 Walnut St. Boston
Date June 23 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Portchester N. Y.
(Cemetery) (City or town) DATE OF BURIAL June 25 1928
ADDRESS Boston
19 UNDERTAKER Mame Staretsky

Date of issue 6/24/28 Permit No. 1435
Official position Health Officer

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soldierman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Monitis*; *Bronchopneumonia* ("Pneumonia, pneumonia, etc., Catarrhoma, Sarcoma, Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of....." (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mastitis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Assthemia," "Anemia" (merely synomatoic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Corticases will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000, 9-26, NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Borough of Manhattan State New York
City or Town Boston No. new York St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Matthew J. Clougherty
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 107 Locust St. Ward (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND or (or) WIFE of Sarah Clougherty

6 AGE Years 48 Months 4 Days - LESS than 1 yr. hrs. min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Inspector
(b) Name of employer

8 BIRTHPLACE (City) Boston (State or country) Mass.

9 NAME OF FATHER Bath Oliver Clougherty

10 BIRTHPLACE OF FATHER (City) Ireland (State or country)

11 MAIDEN NAME OF MOTHER Bridget Connolly

12 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

13 Informant Sarah Clougherty (Address) 107 Locust St. Ward

14 Filed JUN 28 1928 REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 24th 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 19 to 19, that I last saw him alive on 19 and that death occurred, on the date stated above, at 6:45 P.M. The CAUSE OF DEATH was as follows: (State fully) Coronary Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

If under one year, was infant Breast Fed? What test confirmed diagnosis

(Signed) M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden (Cemetery) (City or town)

19 UNDERTAKER John Cardle

DATE OF BURIAL 6/28/28

ADDRESS Chas.

Date of issue of permit 6-27-28 Permit No.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be delivered until there shall have been delivered to such board, agent or

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six of the United Statutes in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chills, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus.

No undertaker or other person shall bury a human body or ashes thereof which have been brought into the Commonwealth unless he has received a permit so to do from the board of health or its agent, appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 4, G. L., as amended.*

TRANSIT AND BURIAL PERMIT

No. 17593

STATE OF NEW YORK DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK

This Permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Transportation Agent, before a body can be shipped.

JUN 25 1928

New York, 192.....

The Certificate of Death, having been furnished to me, as required by the Laws of this State, permission is hereby granted to J. E. Winterbottom holder of Undertaker's License No. 279 for the removal and shipment for burial at Weyline Cemetery at Malden State of Mass the body of Matthew Clougherty who died in the Borough of Manhattan County of NY, N. Y., on June 24, 1928, at 8:45 P. M. Aged 50 years 0 months 0 days Male sex White color, the cause of death being Coronary Sclerosis which necessitates shipment under Rule No. of the Rules of the New York State Department of Health for the Transportation of the Dead, as printed on the back of this Permit.

(Signature of Undertaker)

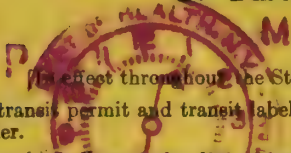
Signed

Ass't Registrar

This Permit must be detached and delivered to the Person in charge of the Corpse.

NEW YORK
STATE DEPARTMENT OF HEALTH
ALBANY

**SPECIAL ADMINISTRATIVE RULES RELATING TO THE TRANSPORTATION
OF DEAD BODIES BY COMMON CARRIERS**



[In effect throughout the State of New York, except in the City of New York, on August 1, 1915.]

RULE 1. A transit permit and transit label issued by the local registrar of vital statistics must accompany each dead body transported by a common carrier.

The transit permit shall state the date of issuance, the name, sex, race and age of the deceased, and the cause and date of death. The transit permit shall also state the date and route of shipment, the point of shipment and destination, the method of preparation of the body, and shall bear the signature of the undertaker and the signature and official title of the officer issuing the permit.

The transit label shall state the date of issuance, the name of the deceased, the place and date of death, the name of the escort or consignee, the point of shipment and destination, and shall bear the signature and official title of the officer who issued the transit permit. The transit label shall be attached to the outside of the case.

RULE 2. The transportation by common carriers of bodies dead of any diseases other than those mentioned in Rule 3 shall be permitted only under the following conditions:

(a) The coffin or casket shall be encased in a strong outer box made of good sound lumber, not less than $\frac{3}{4}$ of an inch thick. All joints shall be securely put together and the box tightly closed. Either the coffin or casket, or the outer box or case, shall be watertight.

(b) When the destination cannot be reached within 60 hours after death, all body orifices shall be closed with absorbent cotton, and the body placed at once in a coffin or casket which shall be immediately closed and the coffin or casket shall be encased in a strong outer box made of good sound lumber not less than $\frac{3}{4}$ of an inch thick. All joints must be securely put together and the box tightly closed and either the coffin or casket, or outer box or case, shall be watertight.

RULE 3. The transportation by common carrier of bodies dead of smallpox, plague, Asiatic cholera, typhus fever, diphtheria (membranous croup, diphtheritic sore throat), scarlet fever (scarlet rash, scarlatina), shall be permitted only under the following conditions:

All body orifices shall be closed with absorbent cotton, the body shall be enveloped in a sheet saturated with an effective disinfecting fluid and shall be placed at once in a coffin which shall be immediately and permanently closed. The coffin or casket shall be encased in a strong outer box made of good sound lumber, not less than $\frac{3}{4}$ of an inch thick, all joints of which shall be securely put together and the box shall be tightly and permanently closed. Either the coffin or casket, or the outer box or case, shall be watertight.

RULE 4. No dead body shall be disinterred for transportation by common carrier without the previous consent of authorities having jurisdiction at the place of disinterment. The transit permit and transit label shall be required as provided in Rule 1, and Paragraph (a) of Rule 2 shall apply.

RULE 5. Every outside case holding any dead body offered for transportation by common carrier shall bear at least four handles and when over 5 feet 6 inches in length, shall bear six handles.

PROMULGATED BY STATE COMMISSIONER OF HEALTH AT ALBANY, JUNE 25, 1915.

June 24, 1915

3-3001
plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

(City or town)

Registered No.

City or Town

Winthrop

No.

63 Crest Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mellie A. Moore

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

63 Crest Ave

St.

Ward,

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

25 years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Barth S. Moore

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

64

-

-

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At home

(b) Name of employer

8 BIRTHPLACE (City)
(State or country)

Dorchester, Mass

9 NAME OF
FATHER

John Higgins

10 BIRTHPLACE OF
FATHER (City)
(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Ellen O'Brien

12 BIRTHPLACE OF
MOTHER (City)
(State or country)

Ireland

13

Informant

Mrs Helen G. Goodwin

(Address)

63 Crest Ave Winthrop

14

Filed

June 1928
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

W. D. Childers
g. g. g.

Official
position

Health officer

Date of
issue
of permit

6/27/28

Permit No. 1436

15 DATE OF DEATH

June 26 - 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

June 20, 1928, to June 26, 1928

that I last saw her alive on June 24, 1928

and that death occurred, on the date stated above, at 10 P. M.
The CAUSE OF DEATH was as follows: (State fully)

chronic interstitial
nephritis.

about (duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. Gs.

17 Where was disease contracted
if not at place of death

Did an operation precede death

No

For what

Date of operation

Was there an autopsy

No

What test confirmed diagnosis

Lab + clinical

(Signed)

T. W. Layton

M. D.

(Address) 186 Winthrop St - Winthrop

Date

6/27/28

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

IMMACULATE CONCEPTION

(Cemetery) (City or town)

LAWRENCE, MASS.

6/29/28

19 UNDERTAKER

ADDRESS

M. J. Mahoney

Lawrence

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon such statement and certificate, shall forthwith counterpoise upon receipt of such statement and certificate, shall forthwith counterpoise to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 40, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Caril engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Solemn*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Never return "Laborer," "Foreman" part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleia"; *Cerebrospinal meningitis*); *Diphtheria* (avoid use of "Croup"); *Cerebrospinal meningitis* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Chronic interstitial nephritis*, etc. The *Chronic interstitial heart disease*; *Chronic interstitial affection* need not be stated contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 *days*; *Bronchopneumonia* (secondary), 10 *days*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" (together), "Congestant," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

R-301
200,000 9-25 NO. 2662-3
should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State **Mass.**

(City or town)
Registered No. **128**

City or Town **Winthrop**

No. **15 Read Street**

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Henry Lincoln Thompson**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **15 Read Street**

St., Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred **II** years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

19

4

7

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work. **Clerk**

(b) Name of employer

**Federal Reserve Bank
Boston**

8 BIRTHPLACE (City)
(State or country)

**North Hampton
Mass.**

9 NAME OF
FATHER

Henry A. Thompson

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Brooklyn

New York

11 MAIDEN NAME
OF MOTHER

Gertrude Kean

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Shelburne

Nova Scotia

13

Informant

Mrs. L. Gertrude Thompson

(Address)

15 Read St. Winthrop, Mass.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. L. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 27 1928
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 13th 1928, to June 27th 1928

that I last saw him alive on **June 27th 1928**

and that death occurred, on the date stated above, at **10³⁰** p. m.

The CAUSE OF DEATH was as follows:

Pericarditis of interstium

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? **yes** Date of **Mar 21/28**

Was there an autopsy? **no**

What test confirmed diagnosis?

(Signed)

Richard W. King, M.D.

(Address)

**308 Summer Street
Boston**

Date

June 29 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

6/30/28

19 UNDERTAKER

Long & Margeson Service

ADDRESS

Winthrop

Official
position

Health Officer

Date of
issue
of permit

6/29/28

Permit
NO.

1437

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soldierman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastatic peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *2d day*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Ectasia," "Heart failure," "Hemorrhage," "Tetanus," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
 . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winsted
BOSTON
(City or town) 22

1 PLACE OF DEATH

County **Suffolk** State **Massachusetts** Registered No. _____
City or Town **Winsted** No. **240 Bowdoin St.** Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Emma F. Smith

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **240 Bowdoin** St., Ward _____

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred **73** years **5** months **1** days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed or divorced

HUSBAND or (or) WIFE of

William B. Smith

6 AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

73

8

1

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer

2

8 BIRTHPLACE (City)

Winthrop Mass.

(State or country) **Massachusetts**

9 NAME OF FATHER

Benjamin Pine

10 BIRTHPLACE OF FATHER (City)

Wendell

(State or country) **New Hampshire**

11 MAIDEN NAME OF MOTHER

Mary F. Furbush

12 BIRTHPLACE OF MOTHER (City)

Winthrop

(State or country) **Massachusetts**

13

Informant

Edridge Smith

(Address)

17 Winthrop St.

14

Filed

June 1928
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me

BEFORE the burial or transit permit was issued

Wm. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 29 1928
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

_____, 19**16**, to **June 29, 1928**,

that I last saw him alive on **June 28, 1928**,

and that death occurred, on the date stated above, at **2¹⁵ P.** m.

The CAUSE OF DEATH was as follows:

Broncho pneumonia

(duration) _____ yrs. _____ mos. **4** ds.

CONTRIBUTORY

(SECONDARY)

Coronary vascular disease

(duration) **12** yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? **NO** Date of _____

Was there an autopsy?

NO

If under one year, was infant Breast Fed? **Yes**
What test confirmed diagnosis? **Clinical**

(Signed) **Orville E. Johnson**, M. D.

(Address) **123 Winthrop St.**

Date **June 29 - 1928** Winthrop
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winsted
(Cemetery)

Winsted
(City or town)

DATE OF BURIAL

July 2-28

19 UNDERTAKER

Chas R. Benson

ADDRESS

Winsted

Official position

Health Officer Date of issue of permit **7/2/28** Permit NO. **1440**

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home, who receive a definite salary), may be entered as *House-keepers* who receive a definite salary, or *At school*, or *At home*, and children, not gainfully employed, as *wife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lung*, *meninges, peritonum*, etc.; *Carcinoma, Sarcoma*, etc.; *.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *26 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . No such permit from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

City or Town

Boston

Winthrop

112 Bartlett Rd

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary A Simonds

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

112 Bartlett Rd

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

10 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Nathan A.

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

87

6

17

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Somerville
Mass9 NAME OF
FATHER

Alonzo Burbank

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

Unknown

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Mass

PARENTS

13

Informant

(Address)

M. P. Simonds
112 Bartlett Rd

14

Filed

(Month) (Day) (Year)

July 6 1928

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. L. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 30 1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

June 26 1928, to June 30 1928,

that I last saw him alive on June 30 1928

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH was as follows:

Bronchopneumonia
Primary

(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? No Date of

Was there an autopsy? No

If under one year, was infant (Breast Fed?)

What test confirmed diagnosis?

Rumex Obstruction

(Signed)

Raymond B. Parker

M. D.

(Address)

Winthrop Mass

Date

June 30 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Evergreen Boston

(Cemetery)

(City or town)

DATE OF BURIAL

7/2/28

19 UNDERTAKER

C A Rollins

ADDRESS

E Boston

Official
position

Health Officer

Date of
issue

7/2/28

Permit
No.

1438

190. 1120

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary first man*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dasher," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid as *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not faithfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic interstitial heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia," "Syncope," "Terminal conditions," "Atrophy," "Collapse," "Coma," "Convulsions" (merely symptomatic), "Hæmiplegia," "Senile," etc.), "Dropsy," "Eczema," "Debility" ("Congenital," "Senile," etc.), "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, cholera, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was connected, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—Gen. Laws, Chap. 46, Sec. 6.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is incomplete, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose of health, or application made the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County **NORFOLK** State **MASSACHUSETTS** Registered No. **294** Registered No. **294**
(Place of death) **BROOKLINE** (Place of residence)
-City or Town **BROOKLINE** No. **294** St. **294** Ward **294**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **WILLIAM W. SLOCOMB**

(a) Residence. No. **66 WASHINGTON AVE** (If in the Army or Navy of the United States, give rank, organization, etc.)
(Usual place of abode) **WINTHROP MASS.** (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**
5a If married, widowed, or divorced HUSBAND of (or WIFE of) **Grace**
6 AGE Years Months Days If LESS than 1 day, hrs. or min. **64**

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Christian Science**
(b) Name of employer **Practitioner**

8 BIRTHPLACE (city or town) **New Brunswick**
(State or country) **Maine**

9 NAME OF FATHER **Grate Slocomb**

10 BIRTHPLACE OF FATHER (city or town) **Maine**
(State or country)

11 MAIDEN NAME OF MOTHER **Adeline Baker**

12 BIRTHPLACE OF MOTHER (city or town) **Maine**
(State or country)

13 Informant **Wife**
(Address) **#66 Washington ave. Winthrop**

14 Filed **June/29, 1928** Registrar of city or town where death occurred
Filed **June/29, 1928** Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JUNE 28, 1928**
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

A Christian Scientist, under their care - Death probably due to Cirrhosis of the Liver(non alcoholic) with jaundice

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) **William C. Mackie** M.D.

(Address) **#54 Coolidge st. Brookline**

Medical Examiner for **8th Norfolk Dist.**

Date **June 29, 1928**
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Dexter - Maine **July/2/1928**
(Month) (Day) (Year)

19 UNDERTAKER ADDRESS
Walter T. White **Winthrop**

20 Burial permit issued by
Official position

21 Date of issue

RETURN OF CERTIFICATES OF DEATH

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

DESCRIPTION (for unknown person)

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)," "Heart disease, presumably coronary sclerosis. (Sudden death)."

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301
should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

125

City or Town

Winthrop
Boston

No.

17 Girdlestone Rd.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Margaret E M^{rs} Hugh

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

17 Girdlestone Rd St.

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

55

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housekeeper

(b) Name of employer

8 BIRTHPLACE (City)

St John

(State or country)

N.B.

9 NAME OF FATHER

William

10 BIRTHPLACE FATHER (City)

St John

(State or country)

N.B.

11 MAIDEN NAME OF MOTHER

Ann King

12 BIRTHPLACE OF MOTHER (City)

St John

(State or country)

N.B.

13

Informant

Mrs Karl Hellberg

(Address)

17 Girdlestone Rd, Winthrop

14

Filed

July 1928

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. L. Childress
4.8

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

7

1

28

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

3/30

1928, to

7-1

1928

that I last saw him alive on

7-1

1928

and that death occurred, on the date stated above, at

7 P.M.

The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Edema of Lungs

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed)

Harry A. Kelly

M. D.

(Address)

200 Pleasant St.

Date

7

2

28

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St John, New Brunswick

(Cemetery)

(City or town)

DATE OF BURIAL

July 4/28

ADDRESS

Winthrop

19 UNDERTAKER

Frederick H. Jape

Official position

Health Officer

Date of issue of permit

7/2/28

Permit No.

1441

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every term on the certificate of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Carpenter, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Never return "Laborer" as a form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, capillitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

R-301
200,000 9-25 NO. 2662-3
WHILE I LIVE, WITH UNPAID DEBIT, I AM RESPONSIBLE FOR THE RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Boston

No.

125 Washington Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Hannah S. Partridge

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

125 Washington Ave. St.

Ward.

South Boston Mass

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

female

white

widow

5a If married, widowed or divorced

HUSBAND of (or) WIFE of

Albert Partridge

6 AGE

Years

Months

Days

If LESS than 1 day, ___ hrs. or ___ min.

72

10

21

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Roxbury Mass

9 NAME OF FATHER

Samuel Shurtleff

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

Hannah Plowery

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Barber Mass

13

Informant

Ruth A. Davison

(Address)

119 Washington Ave Win

14

Filed

July 2, 1928

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. L. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July

2

1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

October, 1927, to July 2, 1928

that I last saw him alive on

July 1, 1928

and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH was as follows:

Chronic Valvular Heart Disease

Many

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(SECONDARY)

Arterio-sclerosis

Many

(duration)

yrs.

mos.

ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?

No

Date of

Was there an autopsy?

No

If under one year, was infant Dead?

What test confirmed diagnosis?

Clinical

(Signed)

Dwight E. Johnson, M. D.

(Address)

123 Washington St

Date

July 2, 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Forest Hills Cem

(Cemetery)

(City or town)

DATE OF BURIAL

July 5

19 UNDERTAKER

J. S. Waterman & Son

ADDRESS

Boston

Official position

Health Officer

Date of issue of permit

7/2/28

Permit NO.

1439

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

July 2, 1928

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaei, etc., Carcinoma, Sarcoma, tumor, etc.* (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; etc. of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Chronic interstitial nephritis, etc.* The *Chronic tubercular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Measles* (disease causing death), *29 da.*, *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsion," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

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(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MiddlesexState Mass.City or town CambridgeNo. Holy Ghost Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 1029

(Place of death)

Registered No. 138

(Place of residence)

St., Ward2 FULL NAME Mary Clarson(a) Residence. State Mass.(If in the Army or Navy of the United States, give rank, organization, etc.)
City or Town Winthrop No. 395 Pleasant St.

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced

Name of HUSBAND Michael
(or) WIFE6 AGE 74 Years Months Days If LESS than 1 day, ... hrs. or ... min. -- --If STILLBORN, enter that fact here ---7 OCCUPATION OF DECEASED Housewife

(a) Trade, profession, or particular kind of work

(b) Name of employer ---n8 BIRTHPLACE (city or town) ---
(State or country) Ireland9 NAME OF FATHER William Ahearn10 BIRTHPLACE OF FATHER (city or town) ---
(State or country) Ireland11 MAIDEN NAME OF MOTHER Cannot be learned12 BIRTHPLACE OF MOTHER (city or town) --
(State or country) Ireland13 Informant George J. Clarson
(Address) 395 Pleasant St. Winthrop14 Filed July 6, 1928
Registrar of city or town where death occurredFiled Aug. 11, 1928
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 4 1928
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to July 4, 1928that I last saw her alive on July 4, 1928and that death occurred, on the date stated above, at 10.25 P m.
The CAUSE OF DEATH was as follows: (State fully)Cerebral Hemorrhage(duration) 2 yrs. 2 mos. ds.CONTRIBUTORY Paralysis
(SECONDARY)(duration) -- yrs. -- mos. ds.17 Where was disease contracted if not at place of death --Did an operation precede death no For whatDate of operation noWas there an autopsy noWhat test confirmed diagnosis --(Signed) J. E. Dwyer, M. D.(Address) 878 Mass. Ave.Date July 5, 192818 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Malden
(Cemetery) (City or town)DATE OF BURIAL July 7, 28
, 19

19 UNDERTAKER

David J. DooleyADDRESS E. Boston

may be properly classified. Exact statement of OCCUPATION is very important.

Mary Cleaver
July 4, 1925

should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 127 (City or town)
City or Town Winthrop No. Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Daisy Doherty (If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. Warren St. Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a If married, widowed or divorced HUSBAND of (or) WIFE of
6 AGE Years Months Days If LESS than 1 day, 3 hrs. or min.
If STILLBORN, enter that fact in:

15 DATE OF DEATH July 7 1928
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from July 7, 1928, to July 7, 1928
that I last saw him alive on July 7, 1928,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows:

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

(duration) yrs. mos. ds.
CONTRIBUTORY Spina Bifida
(SECONDARY) (duration) yrs. mos. ds.

PARENTS
9 NAME OF FATHER Joseph Doherty
10 BIRTHPLACE OF FATHER (City) Charlottesville
(State or country) Mass
11 MAIDEN NAME OF MOTHER Dorothy Hoban
12 BIRTHPLACE OF MOTHER (City) Charlottesville
(State or country) Mass

17 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Wm. C. L. H. Ch. M. D.
(Address) 114 Shrewsbury Ave. Boston
Date July 8 1928
(Month) (Day) (Year)

13 Informant Joseph Doherty
(Address) Warren St. Roxbury

18 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery
(Cemetery) (City or town)
DATE OF BURIAL 7/10/28

14 Filed
(Month) (Day) (Year) REGISTRAR

19 UNDERTAKER R. F. DeMott
ADDRESS Mass

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. H. Childress

Official position agent Date of issue of permit 7/8/28 Permit NO. 1442

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Confectioner, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not faintly employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation). Examining always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.; Carcinoma, Sarcoma, etc.*; *Chronic interstitial nephritis, etc.* The "Tumor" for malignant neoplasms); *Measles; Whooping cough; etc.*; *Chronic catarrhal heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphonia," "Coma," "Convulsions," "Debility," "Atrophy," "Collapse," "Gangrene," "Erysipelas," "Heart failure," "Hemorrhage," "Septicemia," "Icterus," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contradicted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, failing the facts required, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 46.

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—Gen. Laws, Chap. 58, Sec. 6. He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 58, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.**

(2) **Board of Health Physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.**

(3) **Medical examiners will investigate and certify to all deaths supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk State Mass (City or town) Registered No. 128
County Winthrop No. Community Hosp St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Augustus M. Nicholson
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 4 Harbor View St. Ward, (If non-resident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced
HUSBAND of Carrie W.
(or) WIFE of

6 AGE Years 56 Months 2 Days 15 IF LESS than 1 day.....hrs. or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Inventor
(b) Name of employer

8 BIRTHPLACE (City) Harwich Port
(State or country) Mass

9 NAME OF FATHER Augustus M. Nicholson

10 BIRTHPLACE OF FATHER (City) Harwich
(State or country) Mass

11 MAIDEN NAME OF MOTHER Nancy Snow

12 BIRTHPLACE OF MOTHER (City) Harwich
(State or country) Mass

13 Informant Wife, Carrie M. Nicholson
(Address) 4 Harbor View Winthrop

14 Filed 1928
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. S. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 7 87 28
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 7-6, 1928, to 7-8, 1928,
that I last saw him alive on 7-7, 1928,
and that death occurred, on the date stated above, at 8:20 a.m.
The CAUSE OF DEATH was as follows: (State fully) Coronary Thrombosis

(duration) yrs. mos. ds.
CONTRIBUTORY Strangulated Ventral
(Secondary) Hernia (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death —

Did an operation precede death yes For what Strangulated Hernia

Date of operation 7/6/28

Was there an autopsy —

What test confirmed diagnosis —

(Signed) Harry Aschely, M. D.

(Address) 201 Pleasant

Date 7-8/28

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Cemetery
(Cemetery) (City or town)

DATE OF BURIAL

19 UNDERTAKEN Walter L. White & Son
ADDRESS Winthrop

Official position Health Officer Date of issue of permit 7/9/28 Permit No. 1443

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Adopted by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (c) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*, (c) *The material worked on may form part of the second statement*. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, & yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Aschemia," "Convulsions," "Debility," "Coma," "Collapse," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 8.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

7-303
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Winthrop
(City or town)

1 PLACE OF DEATH

County State Massachusetts Registered No. *129*
City or Town *Winthrop* No. *64 Buchanan* St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mr. Frank J. Stone
(a) Residence. No. *64 Buchanan St.* St., Ward.
(Usual place of abode) (If non-resident, give city or town and state)
Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, or DIVORCED, (write the word)

Female *White* *Widow*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Charles D.*

6 AGE Years Months Days if less than 1 day.... hrs. or.... min.
82 *7*

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *At home*
(b) Name of employer

8 BIRTHPLACE (City) *Boston*
(State or country) *Mass*

9 NAME OF FATHER *Horace A. Sawyer*

10 BIRTHPLACE OF FATHER (City) *Unknown*
(State or country)

11 MAIDEN NAME OF MOTHER *Unknown Hall*

12 BIRTHPLACE OF MOTHER (City) *Unknown*
(State or country)

13 Informant *Mr. M. Perry Stone*
(Address) *Winthrop Mass*

14 Filed *7/10/28*
(Month) (Day) (Year) REGISTRAR

20 Burial permit Issued by *Wm. D. Childress*

Official position *Health Officer*

21 Date of issue *7/10/28* Permit No. *1441*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *July 7 1928*
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)
SENILE DEMENTIA
HEMIPLEGIA

(See reverse side for description for unknown person)

17 In what City or town was injury sustained?
(Signed) *A. D. Rollins* M. D.

(Address)

Medical Examiner for
Date *July 10 1928*
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL *Woodlawn* *Beverly* DATE OF BURIAL *July 10 '28*
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER *C. A. Rollins* ADDRESS *8 Boston*

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased,

or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . .—*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

. . . A medical examiner has no right to delay filing the certificate referred to (death certificate) until judicial inquiries have been concluded and certified, . . .—*Extract from Opinion of the Attorney General, July 29, 1926.*

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known.—For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medicolegal inquiry. For example: "Hemorrhage spontaneus, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

.....

.....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

James J. ...
July 7, 1928

STANDARD CERTIFICATE OF DEATH

Winchester
(City or town)
Registered No. *130*

1 PLACE OF DEATH

County

Suffolk

State

Mass

City or Town

Winthrop

No.

21 - North ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Unifed Gertrude Munro -
(If U. S. War Veteran, specify WAR)

(a) Residence, No.

21 - North ave

St.

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

X years

D months

5 days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

D

5

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

*Farm City
N.H.*

9 NAME OF
FATHER

Myron L. Munro

10 BIRTHPLACE OF
FATHER (City)

(State or country)

*Winsted
Conn.*

11 MAIDEN NAME
OF MOTHER

Mildred Mooney

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

*Winthrop
Mass*

13

Informant

Myron L. Munro

(Address)

21 North ave Winthrop

14

Filed

7/15/28

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July 13 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY That I attended deceased from

July 13 1928 to July 13 1928
that I last saw him alive on *July 13 1928*

and that death occurred, on the date stated above, at *6.10 P.M.*
The CAUSE OF DEATH was as follows: (State fully)

Brain hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) *Brain hemorrhage*

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death *No* For what

Date of operation

Was there an autopsy *No*

What test confirmed diagnosis

(Signed) *J. J. Murphy*, M.D.

(Address)

11 North Ave Winthrop

Date

July 14, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL

7/15/28

19 UNDERTAKER

Chas. R. Benson

ADDRESS

Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Child

Official position

Health Officer

Date of issue of permit

7/17/28

Permit No.

1440

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease, *careless death, state occupation at beginning of illness.* If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis*; the only definite synonym is "Epidemic pleuro-pneumonia"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonitis, etc., Carcinoma, Sarcoma, etc., of.....* (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as, "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbed fever, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

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OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass (City or town) Winthrop
 City or Town Winthrop No. 1- Shore Drive St. 3 Ward 3
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mae A. Paige
 (If U. S. War Veteran, specify WAR)

(a) Residence. No. 1- Shore Drive St. 3 Ward 3
 (Usual place of abode) (If non-resident give city or town and state)
 Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5a If married, widowed or divorced HUSBAND OF John Paige (or) WIFE OF
 6 AGE Years 47 Months 6 Days 21 IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) Name of employer

8 BIRTHPLACE (City) Greenville
 (State or country) Maine

9 NAME OF FATHER Joseph Morin

10 BIRTHPLACE OF FATHER (City) Maine
 (State or country)

11 MAIDEN NAME OF MOTHER Not known

12 BIRTHPLACE OF MOTHER (City)
 (State or country)

13 Informant Son in Law, Geo E. Beckenridge
 (Address) #1 Shore Drive Winthrop

14 Filed 7/16/28
 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm S. Childrey

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 15 1928
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to July 15, 1928
 that I last saw her alive on July 15, 1928

and that death occurred, on the date stated above, at 2:30 A. m.
 The CAUSE OF DEATH was as follows: (State fully)

diabetes mellitus.

(duration) yrs. mos. ds.
 CONTRIBUTORY diabetic gangrene of right foot
 (Secondary) Chronic glomerular nephritis
 (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis clinical & laboratory

(Signed) Jacob Abeaus M.D.

(Address) 362 Shirley Street Winthrop

Date July 15, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Mount Hope Cemetery (City or town) Winthrop

19 UNDERTAKER
Walter E. White Winthrop

Official position Health Officer Date of issue of permit 7/16/28 Permit No. 1746

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Commissioner*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Never return "Laborer." For example, "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleitis"; *Cerebrospinal meningitis*); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Malaria*: If *hooping cough*; etc., etc., etc., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*: If *hooping cough*; etc., etc., etc., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Chronic interstitial nephritis*, etc. The *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hæmiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPARTAL septicaemia," "PERIPARTAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood, convulsions hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

City or Town

~~Boston~~

Winthrop 16 Enfield Rd

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Thomas Hollingsworth

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

16 Enfield Rd

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

10 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of

(or) WIFE of

Annie

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

85

6

11

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Blacksmith

(b) Name of employer

Retired

8 BIRTHPLACE (City)

(State or country)

Dunham
England9 NAME OF
FATHER

William Hollingsworth

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Dunham
England11 MAIDEN NAME
OF MOTHER

Mary Holt

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Dunham
England

13

Informant

(Address)

Louis Hollingsworth
16 Enfield Rd

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm D. Sullivan

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

July 15 1928

16

I HEREBY CERTIFY, That I attended deceased from

April 10, 1928, to July 15, 1928,

that I last saw him alive on July 15, 1928,

and that death occurred, on the date stated above, at a.m.

The CAUSE OF DEATH was as follows:

Arterio Sclerosis -

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

If WHAT?

Did an operation precede death? No Date of

Was there an autopsy? No

If under one year, was Infant Breast Fed?

What test confirmed diagnosis?

(Signed)

Horace E. Bragdon, M. D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

7/18/28

19 UNDERTAKER

Chas A. Rollins

ADDRESS

Boston

Official

Health Officer

Date of

issue

7/17/28

Permit

NO. 1447

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Never return "Laborer," "Foreman" as part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report, "Typhoid pneumonia."); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic interstitial nephritis*, etc. The *Chronic interstitial heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *da*; *Bronchopneumonia* (secondary), 10 *da*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Emaciation," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neuritis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Essex State MASS Registered No. 33
City or Town Salem No. 101 Hospital (Place of death)
(If death occurred in a hospital or institution, give its NAME instead of street and number) St. Ward

2 FULL NAME

Sigfrid Swenson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 45 Shore Drive
(Usual place of abode)

St. Ward: Winthrop
(If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
51 1 3

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Painting Contractor
(b) Name of employer

8 BIRTHPLACE (city or town) Helsingborg
(State or country) Sweden

9 NAME OF FATHER Can not be learned

10 BIRTHPLACE OF FATHER (city or town)
(State or country) Sweden

11 MAIDEN NAME OF MOTHER Can not be learned

12 BIRTHPLACE OF MOTHER (city or town) Sweden
(State or country)

13 Informant SSigfrid Carlson
(Address) 45 Shore Drive Winthrop

14 Filed July 19, 1928 Registrar of city or town where death occurred
Filed August 16, 1928 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 18 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

fracture of trachea oedema of glottis
compound fracture of left ulna
caused by being thrown from car,
which was in collision with another car
on Newburyport turnpike Danvers
July 17 1928
(See reverse side for additional space)

17 Where was injury sustained
if not at place of death?

(Signed) James E. Simpson M.D.
(Address) Salem Mass.

ASSO. Medical Examiner for 10th Dist
Date July 18 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Forest Hills Boston July 22 1928
(Month) (Day) (Year)

19 UNDERTAKER ADDRESS

20 Burial permit issued by
Official position

21 Date of issue

RETURN OF CERTIFICATES OF DEATH

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

DESCRIPTION (for unknown person)

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 53, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 53, Sec. 7.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Medical Examiners in certifying to a death will state the **cause** and **manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicæmia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)," "Heart disease, presumably coronary sclerosis. (Sudden death)."

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

July 18. 1928

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or town)

Registered No.

City or Town

No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence, No.

(Usual place of abode)

St., Ward,

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years 2 months 15 days

How long in U. S., if of foreign birth?

years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

7-10

, 1920, to

7-20

, 1920

that I last saw h. w. alive on

7-19

, 1920

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows: (State fully)

11A m.

Edema of Lungs.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death.

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

, M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official
positionDate of
issue
of permitPermit
No.

(Approved by U. S. Census and American Public Health Association)

no occupation whatever, write *None*.

peritonitis," etc.

State cause for which surgical operation was undertaken.

(Approved by the Committee on Nomenclature of the American Medical Association.)

"Primary": If secondary, give primary cause.

septicæmiæ, tetanus.

FROM THE LAWS OF THE

GOVERNING THE

Sec. 9.

may require.—*Chap. 114, Sec. 45, G. L., as amended.*

violence.—*Gen. Laws, Chap. 38, Sec. 6.*

of death.—*Gen. Laws, Chap. 38, Sec. 7.*

G. L., as amended.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Wentworth (City or town) 35
County Suffolk State Mass Registered No. Wentworth Community Hospital Ward 35
City or Town Wentworth No. Wentworth Community Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Mary M^c Donald
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 50 Warren St St. Ward. Charlestown
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer8 BIRTHPLACE (City)
(State or country)Wentworth

9 NAME OF FATHER

John F M Donald10 BIRTHPLACE OF FATHER (City)
(State or country)Boston

11 MAIDEN NAME OF MOTHER

Mary J Moore12 BIRTHPLACE OF MOTHER (City)
(State or country)Charlestown13 Informant
(Address)John F M^c Donald14 Filed
(Month) (Day) (Year)July 21 1928

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 22, 28
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 22, 1928, to July 22, 1928,
that I last saw him alive on July 22, 1928,
and that death occurred, on the date stated above, at 11 m.
The CAUSE OF DEATH was as follows:

still bornForeign of Co.
(duration) yrs. mos. ds.CONTRIBUTORY
(SECONDARY)

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harold J. Mayhew, M. D.(Address) 621 Beach StDate July 22 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross Cemetery
(Cemetery) (City or town)

DATE OF BURIAL

July 23/28

19 UNDERTAKER

William J. Cushman ADDRESS 50 Warren St CharlestownOfficial position Health Officer Date of issue of permit 7/23/28 Permit NO. 1449

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is

very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congential," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which gives any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State

Registered No. **7038**

(Place of death)

City or town **Boston**

No.

MASS. GEN. HOSPITALRegistered No. **136**

(Place of residence)

St., **Ward**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

ISAAC BROWN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**

(Usual place of abode)

City or Town **WINTHROP**No. **41****HORTHORNE AVE.**

St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**M.**

5a If married, widowed, or divorced

Name of { **HUSBAND**
(or) WIFE**TINA**

6 AGE

Years

Months

Days

If LESS than

1 day, . . . hrs.
or . . . min.**56**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**SHOEMAKER**

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

RUSSIA9 NAME OF
FATHER**MAX H.**10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

RUSSIA11 MAIDEN NAME
OF MOTHER**BESSIE (UNKNOWN)**12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

RUSSIA

13 Informant

HYMAN BROWN

(Address)

38 JOHNSTON RD. DORCHESTER

14

Filed **JUL 31**, 1928**E. W. M. Glenew**Filed **Aug 7**, 1928

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JUL 28**

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

JUL 17

, 19

28**JUL 28**

, 1928

that I last saw h. **IM** alive on **JUL 28**, 1928and that death occurred, on the date stated above, at **9 P** m.
The CAUSE OF DEATH was as follows: (State fully)**ACUTE APPENDICITIS**(duration) yrs. mos. **14** ds.CONTRIBUTORY **PULMONARY EMBOLUS**
(SECONDARY)

(duration) yrs. mos. da.

17 Where was disease contracted
if not at place of death.Did an operation precede death **YES** For what **ACUTE**Date of operation **JUL 17, 1928** **APPENDICITIS**

Was there an autopsy

What test confirmed diagnosis

(Signed) **H. FRANKLIN WOOD**, M. D.

(Address)

Date

JUL 29, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

PRIDE OF BOSTON, WOBURN

(Cemetery)

(City or town)

DATE OF BURIAL

7-29, 1928

19 UNDERTAKER

MANUEL STANETSKY

ADDRESS

July 28. 1928

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No. *137*

City or Town

Winthrop

No.

48 Grandview Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary E. Cunha

(If U. S. War Veteran, specify WAR)

(a) Residence, No.

115 Trent

St.

Ward

Arlington, Mass.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred — years *1* months — days.

How long in U. S. if of foreign birth? *55* years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed or divorced

HUSBAND OF (or) WIFE OF

Manuel M. Cunha

6 AGE

75 Years

Months

Days

IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Azores

9 NAME OF FATHER

Joachim Correia

10 BIRTHPLACE OF FATHER (City)

(State or country)

Azores

11 MAIDEN NAME OF MOTHER

Mary Mills

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Azores

13 Informant

Miss J. D. Kennedy, daughter

(Address)

115 Trent St., Arlington

14 Filed

July 31 1928

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. L. Childress

Official position

Health Officer

Date of issue of permit

7/30/28

Permit No.

12 00

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July 30 1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

July 15 1928 to July 30 1928

that I last saw him alive on

July 30 1928

and that death occurred, on the date stated above, at The CAUSE OF DEATH was as follows: (State fully)

Chronic glomerular nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Chronic myocardioid degeneration

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death

No

For what

Date of operation

none

Was there an autopsy

no

What test confirmed diagnosis

clinical + laboratory

(Signed)

Joel Graham

M. D.

(Address)

662 Shirley St., Winthrop

Date

July 30 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wm. Prescott Arlington

(Cemetery)

(City or town)

DATE OF BURIAL

Aug. 2, 1928

19 UNDERTAKER

W. W. Grauman & Son

ADDRESS

Arlington

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—²Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term, on the one hand, will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The merchant worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Painter," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scram*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleia"; *Cerebrospinal meningitis*); *Diphtheria* (avoid use of "Croup"); *Cerebrospinal meningitis* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Monia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs meningis, peritonum*, etc.; *Echinocoma*, *Sarcoma*, etc.; of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Chronic interstitial nephritis*, etc. The *Chronic adicular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive"), "Scania," etc.), "Dropsy," "Marasmus," "Old age," "Failure," "Hemorrhage," "Inanition," "Exhaustion," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 40, G. L., as amended.*

3-3011
FILED
PARENTS
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

(City or town)

1 PLACE OF DEATH

County suffolk

State Mass

Registered No. 137

City or Town Winthrop

No. 33 Paine St. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Margaret Cochran

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 33 Paine St.

St. Ward

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

John

6 AGE

Years
70

Months

Days

IF LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

Chatham

(State or country)

England

9 NAME OF
FATHER

Michael Minahan

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Catherine Hurley

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant John Cochran

(Address) 33 Paine St.

14

Filed 8. 1928
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

W.D. Sullivan

Official
position

Health Officer

Date of
issue
of permit

7/1/28

ADDRESS

Winthrop

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 2nd 1928.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

June 12 - 1927 to August 2 - 1928
that I last saw her alive on August 1 - 1928

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of
Recto-Sigmoid.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death yes For what colostomy for
inoperable carcinoma

Date of operation June 23 - 1927

Was there an autopsy no.

What test confirmed diagnosis Laboratory Peter Bent

(Signed) Mitchell Henson M.D.

(Address) 163 West Main St. SB

Date August 2 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

8/4/28

19 UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

(Approved by U. S. Census and American Public Health Association)

no occupation whatever, write *None*.

peritonitis," etc.

data cause for which surgical operation was undertaken.

Committee on Nomenclature of the American Medical Association,

"primary": if secondary, give primary cause.

opticeola, totanus.

FROM THE LAWS OF THE

RETURN OF CERTIFICATES OF DEATH

Sec. 9.

may require—*Chap. 114, Sec. 45, G. L., as amended.*

violence.—*Gen. Laws, Chap. 38, Sec. 6.*

of death.—Gen. Laws, Chap. 38, Sec. 7.

G. L., as amended.

0-301
N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully classified, aged, and indexed. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000, 9-26, NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)
Registered No. *150*

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

City or Town

Boston Winthrop

No.

293 Main St.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Catherine Finnegan**

(If U. S. War Veteran, specify WAR)

(a) Residence. No. **293 Main St.**

St.,

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S. if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

John

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

83

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housework

(b) Name of employer

8 BIRTHPLACE (City) **Benidecta**

(State or country)

Maine

9 NAME OF
FATHER

John Hayes

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Cannot be learned

11 MAIDEN NAME
OF MOTHER

Catherine Ryan

12 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Mass

13

Informant

Clara M. Farmer

(Address)

293 Main St. Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. D. Williams

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

7-26

19*28*

to

8-2

19*28*

that I last saw him alive on

7-28

19*28*

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

6:30 a.m.

Acute Myocardial Infarction

CONTRIBUTORY
(Secondary)

Chronic Hypertension

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

If under one year, was Infant Breast Fed
What test confirmed diagnosis

(Signed)

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Immaculate Conception

(Cemetery)

(City or town)

DATE OF BURIAL

8/3/28

19 UNDERTAKER

John F. O'Malley

ADDRESS

Official position *Health Officer*

Date of issue of permit

Permit No. *150*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Monon.*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaei, etc.*; *Carcinoma, Sarcoma, etc.*, of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *W hooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Menses* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Manus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

R-301
200,000, 9-26, NO. 6373
plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or town)

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

St.

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day,..... hrs.
or..... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

May 3, 1928, to Aug 3, 1928

that I last saw her alive on Aug 2, 1928

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) E. W. Brown, M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official position

Date of
issue
of permit

Permit
No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by a physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician named early enough for the purpose, or employed by it or by the person who is a member of the board of health, or employed by it or by the person required for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Soldierman*, (d) *Greenery*; (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleurocerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Pericarditis*; *Bronchiopneumonia* ("Pneumonia, etc.", *Carcinoma, Sarcoma, Tuberculosis of lungs, meningitis, peritonitis*, etc., *Carcinoma, Sarcoma*, etc., of..... name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 20 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asystole," "Convulsions," "Heart failure," "Atrophy," "Collapse," "Coma," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neurosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

City or Town

Boston

No.

Winthrop Community St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(Baby) Milward

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

742 Saratoga East Boston

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, 0 hrs.
or 30 min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

None

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Winthrop, Mass.

9 NAME OF
FATHER

Louis A. Milward

10 BIRTHPLACE OF
FATHER (City)

(State or country)

East Boston,

11 MAIDEN NAME
OF MOTHER

Margaret W. Ahern.

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Charlstown, Mass.

13

Informant

(Address)

Louis J. Milward
742 Saratoga St. East Boston

14

Filed

Aug. 9, 28
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedW.D. Cullen
a. 34

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

4

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Aug. 4, 1928, to Aug. 4, 1928,

that I last saw him alive on Aug. 4, 1928,

and that death occurred, on the date stated above, at 1:45 P.M.

The CAUSE OF DEATH was as follows:

Premature -

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

If under one year, was infant breast fed? Physical exam.

What test confirmed diagnosis? Physical exam.

(Signed)

M.M. Rafferty M. D.

(Address)

37 Princeton St. East Boston

Date

Aug. 4, 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

8/6/28

19 UNDERTAKER

ADDRESS E.B.

William A. Treanor 559 Saratoga St

Official
position

H. A. Allen

Date of
issue
of permit

7/1/28

Permit
NO.

1505

(Approved by U. S. Census and American Public Health Association)

no occupation whatever, write *None*.

septicemia," "PUERPERAL peritonitis," etc

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

"primary": if secondary, give primary cause

Pyemia, septicemia, tetanus.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

46, Sec. 9.

Gen. Laws, Chap. 114, Sec. 45

violence.—*Gen. Laws, Chap. 38, Sec. 6.*

of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

of the following rules of practice:

from disease unrelated to any form of injury

of death is needed

and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState Mass

(City or town)

Registered No. 142City or Town WinthropNo. 102 Court Rd.St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Madden

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 102 Court RdSt. Ward

(If non-resident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)FemaleWhiteWidowed5a If married, widowed or divorced
HUSBAND of
(or) WIFE ofMartin

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.74

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Ireland9 NAME OF
FATHERPatrick Larkin10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland11 MAIDEN NAME
OF MOTHERMargaret Mullen12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

Mrs. James Hennessey

(Address)

102 Court Rd

14

Filed

8/9/28

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedW. D. VailOfficial
positionHealth OfficerDate of
issue
of permit

ADDRESS

Winthrop

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug 5 1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Aug 5 1928 to Aug 5 1928that I last saw him alive on Aug 5 1928and that death occurred, on the date stated above, at 8.30 A. m.
The CAUSE OF DEATH was as follows: (State fully)Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Arterio-sclerosis

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of deathDid an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis

(Signed)

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

8/7/28

19 UNDERTAKER

John F. C. MoleyOfficial
positionHealth OfficerDate of
issue
of permitPermit
No.1564

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

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GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The maternal worked on many form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastasis*, *peritonitis*, etc., *Carbuncle*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Sedile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Mania," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certainates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

2-3033
information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

16,615

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

(City or town)

County Suffolk State Mass Registered No. 144
City or Town Winthrop See an at Pleasant Park Yacht Club - Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. Winthrop 17 Girdlestone Rd. Ward. 1
(Usual place of abode) (If in the Army or Navy of the United States, give rank, organization, etc.)
(If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances D O'Brien

6 AGE Years 31 Months Days If less than 1 day, ... hrs. or ... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Leather Worker
(b) Name of employer

8 BIRTHPLACE (City) Winthrop
(State or country) Mass

9 NAME OF FATHER Carl J.

10 BIRTHPLACE OF FATHER (City) Finland
(State or country)

11 MAIDEN NAME OF MOTHER Nellie Sheerin

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Mrs Carl Hillberg
(Address) 17 Girdlestone Rd. Winthrop

14 Filed Aug 9 '38
(Month) (Day) (Year) REGISTRAR

20 Burial permit issued by yk Official position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 5 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Drowning, accidental.
(Saw while swimming in tide water.)

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) John Baynes Magenth, M.D.
(Address)

Medical Examiner for Suffolk
Date Aug 5 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's, Malden
(Cemetery) (City or town) DATE OF BURIAL Aug 9/28
(Month) (Day) (Year)

19 UNDERTAKER Frederick H Tape ADDRESS Winthrop

21 Date of issue 5/16/38 Permit No. 1928/1

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

City or town

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(If in the Army or Navy of the United States, give rank, organization, etc.)

St., Ward.

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. AGE

Years

Months

Days

If less than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8. BIRTHPLACE (City)

(State or country)

9. NAME OF
FATHER

10. BIRTHPLACE OF
FATHER (City)

(State or country)

11. MAIDEN NAME
OF MOTHER

12. BIRTHPLACE OF
MOTHER (City)

(State or country)

13. Informant

(Address)

14. Filed

(Month) (Day) (Year)

REGISTRAR

20. Burial permit
issued by

Official
position

21. Date of
issue

Permit
No.

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH

(Month)

(Day)

(Year)

16.

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

Cardio-vascular
disease plus the
effects of the use of
alcohol

(See reverse side for description for unknown person)

17. Where was injury sustained
if not at place of death?

(Signed)

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

18. PLACE OF BURIAL, CREMATION, or REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

(Month) (Day) (Year)

19. UNDERTAKER

ADDRESS

9-39

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where and when he was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

DESCRIPTION (for unknown person).....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

Aug 5-6. 1928

F

WRITE PLAINLY WITH UNFADING INK

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE statement should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

1162

City or Town

Winthrop

No.

30 Billows Street, Point Shirley

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Marie A. Simpson**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. **30 Billows Street, Point Shirley, Winthrop**

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

15 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

John M. Simpson

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

54

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

Malborough,

(State or country)

Mass.

9 NAME OF FATHER

Stephen Lockland

10 BIRTHPLACE OF FATHER (City)

(State or country)

Scotland

11 MAIDEN NAME OF MOTHER

Ellen Murray

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Boston, Mass.

13

Informant

Mrs. Michael Pumphrett

(Address)

Princeton St., E. Boston

14

Filed

Aug. 9, 1928

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

August

6

1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

July 28, 19**28**, to **Aug 6**, 19**28**,

that I last saw him alive on **August 6**, 19**28**,

and that death occurred, on the date stated above, at **9:20 - P. m.**

The CAUSE OF DEATH was as follows:

Coronary Disease of Heart.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

Interstitial Nephritis

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted

if not at place of death?

FOR WHAT?

Did an operation precede death? ___ Date of ___

Was there an autopsy?

If under one year, was Infant Breast Fed? ___

What test confirmed diagnosis?

(Signed) **Augustus L. Callinan**, M. D.

(Address)

9 Princeton St.

Date

August - 7 - 1928.

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn, Everett

(Cemetery)

(City or town)

DATE OF BURIAL
August 9; 28.

19 UNDERTAKER

ADDRESS

Richard C. Kaby East Boston

Official position

Health Officer

Date of issue of permit

8/9/28.

Permit

No. **1507.**

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Agreed by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Commission*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, *first*, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.* . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

W R-301
200,000-9-26, NO. 6373

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Wintthrop
BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH
County Suffolk State Massachusetts (City or town) Wintthrop
City or Town Boston Registered No. 140
No. Community Hospital, Wintthrop St. 1 Ward 1
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Wanick (If U. S. War Veteran, specify WAR)

(a) Residence. No. Wintthrop Adams Hotel St. 1 Ward 1
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Gay B. Spar

6 AGE Years 62 Months Days IF LESS than 1 day.....hrs. or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Insurance Agent
(b) Name of employer: 244 South 8th St. Phila

8 BIRTHPLACE (City) Columbia County Penn.
(State or country)

9 NAME OF FATHER Amos Wanick

10 BIRTHPLACE OF FATHER (City) Penn.
(State or country)

11 MAIDEN NAME OF MOTHER Jane Ziegler

12 BIRTHPLACE OF MOTHER (City) Penn.
(State or country)

13 Informant Charles Wanick
(Address) Hotel Statler, Boston

14 Filed (Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 8 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY That I attended deceased from August 6 1928 to August 8 1928
that I last saw him alive on August 8 1928
and that death occurred, on the date stated above, at 2:30 A. m.
The CAUSE OF DEATH was as follows: (State fully)
Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation No

Was there an autopsy No
If under one year, was in Aut. Breast Tissue
What test confirmed diagnosis clinical + laboratory

(Signed) Joseph J. Deane M. D.
(Address) 362 Shubert Street
Date Aug. 9/1928 Wintthrop Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Millertown Cem. PENN. Aug 11/28
(Cemetery) (City or town)

19 UNDERTAKER ADDRESS
Louis F. Wale Rossmore

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm Childress Official position Health Officer Date of issue of permit 8/9/28 Permit No. 1508

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonemum, etc.*; *Carcinoma, Sarcoma, etc.*; of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely synonimato), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 40, G. L., as amended.*

WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)
Registered No. *16*

1 PLACE OF DEATH

County *Suffolk*
City or Town *(Baby) notified*

State *Mass.*

Registered No. *16*

No. *Community Hospital* St., *Ward*
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. *23 Orchard* St., *Ward. Beachmont, Mass.*
(Usual place of abode)
(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If less than
1 day, *2 hrs.*
or *min.*

2 hours

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

(Father)

(b) Name of employer

Salesman

8 BIRTHPLACE (City)

(State or country)

Winthrop Mass.

9 NAME OF
FATHER

Frank Gorman

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Festus Missouri

11 MAIDEN NAME
OF MOTHER

Florence MacDutosh

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Wallace N. H.

13

Informant

Mr. Frank Gorman

(Address)

23 Orchard St. Beachmont

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W.D. Childers

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug 9

1928

16

I HEREBY CERTIFY, That I attended deceased from

Aug 9, 19*28*, to *Aug 9*, 19*28*.

that I last saw him alive on *Aug 9*, 19*28*.

and that death occurred, on the date stated above, at *11 A* m.

The CAUSE OF DEATH was as follows:

Pericardial Heart.
1 hour

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Dr. Brown M. D.

(Address)

Date

20 Beachmont Ave
Aug 9 *1928*

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 11-28

19 UNDERTAKER

Frank C. Brown

ADDRESS

C. Boston

Official position

Health Officer

Date of
issue
of permit

8/11/28

Permit NO. *1609*

May 11, 1880

EXTRACTS

FROM THE LAWS OF THE

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap.*

46, Sec. 9.

No undertaker or other person shall bury a human body, . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the

[illegible]

of the attending physician. . . . The person to whom the permit is so given and the physician certifying the cause of death, shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or causes of the death, which the clerk or registrar may require.—*Gm. Laws, Chap. 114, Sec. 46.*

They have given Debbie a

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those which are not certified by recognized disease un-

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

County Suffolk

State _____

City or town Boston

No. _____

MASS. HOMEOPATHIC HOSPITAL St., _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 7389

(Place of death)

Registered No. _____

(Place of residence)

2 FULL NAME SADIE MC NAB

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 115 SUMMIT AVE St. _____

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE6 AGE Years 9 Months 9 Days _____ If LESS than 1 day, hrs. or min. _____

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) Name of employer _____

8 BIRTHPLACE (city or town) _____

(State or country) SCOTLAND

9 NAME OF FATHER

ALEXANDER MC NAB

10 BIRTHPLACE OF FATHER (city or town)

(State or country) SCOTLAND

11 MAIDEN NAME OF MOTHER

MARY KNOX

12 BIRTHPLACE OF MOTHER (city or town)

(State or country) SCOTLAND13 Informant FATHER(Address) 115 SUMMIT AVE. WINTHROP14 Filed AUG. 13, 19 28 E. W. M. Glenen
Registrar of city or town where death occurredFiled _____, 19 28 _____
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH AUG. 10 1928
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from JUL 29, 19 28 AUG. 10, 19 28.that I last saw h. ER alive on AUG. 10, 19 28.and that death occurred, on the date stated above, at 7.45 P m.
The CAUSE OF DEATH was as follows: (State fully)SCARLET FEVER

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY SEPTICEMIA
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death _____

Did an operation precede death _____ For what _____

Date of operation _____

Was there an autopsy _____

What test confirmed diagnosis _____

(Signed) E. C. SMITH, M. D.

(Address) _____

Date AUG. 10, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WINTHROP, WINTHROP
(Cemetery) (City or town)

DATE OF BURIAL

8-12, 19 2819 UNDERTAKER C. R. BENNISON

ADDRESS _____

PARENTS

may be properly classified. Exact statement of OCCUPATION is very important.

Stadler Mc Mill

Aug. 10, 1928

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2,000,000, 9-26, NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or town)

Registered No.

City or Town

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence, No.

(Usual place of abode)

St.

Ward,

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

(b) Name of employer

8 BIRTHPLACE (City)
(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)
(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)
(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

, 19, to

, 19,

that I last saw h_____ alive on _____, 19,

and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH was as follows: (State fully)

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted
if not at place of death.

Did an operation precede death _____ For what _____

Date of operation _____

Was there an autopsy _____

What test confirmed diagnosis _____

(Signed) _____, M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official position

Date of issue of permit

Permit No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Never return "Laborer," "Forman," "Manager," "Deleter," etc., without more precise specification, even if the person is a *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically, as occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic reticular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 days. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Acidemia," "metelysymptomata," "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive"), "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Hemiplegia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicaemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbed, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

(City or town)

Registered No.

No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

St. Ward

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years 3 months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY That I attended deceased from

Aug 1, 1928, to Aug 17, 1928

that I last saw her alive on Aug 17, 1928

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

Memoria

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) J. J. Kelly, M. D.

(Address) 20 P. Pleasant St.

Date 8/18/28

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue
of permit

8/18/28

Permit
No.

A-11

(Approved by U. S. Census and American Public Health Association)

Statement of cause of death.—Name, first, the Disease Causing Death; second, the Cause of the Disease; third, the Agent or Agents responsible to time and causation).

... surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

septicæmiæ, tetanus.

FROM THE LAWS OF THE

GOVERNING THE

Sec. 9.

to the manner or cause of the death, Chap. 114, Sec. 45, G. L., as amended.

violence.—*Gen. Laws, Chap. 38, Sec. 5.*

of death.—*Gen. Laws, Chap. 38, Sec. 7.*

G. L., as amended,

R-301
N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

June 1927, to August 28, 1928

that I last saw him alive on August 18, 1928

and that death occurred, on the date stated above, at 5 P. M.
The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of Bladder

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Carcinoma of Uterus

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) J. J. Kelly, M. D.

(Address) Pleasant

Date 8-27-28

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Aug 20/28

19 UNDERTAKER

Chas. R. Bennett

ADDRESS

Worcester

Official
position

Health Officer

Date of
issue

8/10/28

Permit
No.

1012

W. D. C. Chidress
J. B. G.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housewives or receive a definite salary), may be entered as *Housewife*, *Housekeeper* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Chronic interstitial nephritis*, etc. The *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age" "shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL," *septicemia*, "PERIPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXPLANATION

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained easily enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

R-301
PHYSICIANS should state CAUSE OF DEATH
EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See
instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

Worcester
BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

153

City or Town

Boston

No.

Community Hospital

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(Baby) Hubbell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

30 Emerson Rd.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) Name of employer

8 BIRTHPLACE (City)

Wintthrop
Mass.

(State or country)

9 NAME OF
FATHER

Wilson Hubbell

10 BIRTHPLACE OF
FATHER (City)London
England

(State or country)

11 MAIDEN NAME
OF MOTHER

Gladys Rayner

12 BIRTHPLACE OF
MOTHER (City)St John
New Brunswick

(State or country)

13

Informant

Wilson Hubbell

(Address)

30 Emerson Rd.

14

Filed

Aug 21 1926

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedW.D. Childers
9.3.9.

15 DATE OF DEATH

8 18 26
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

8/18, 1926, to 8/18, 1926,

that I last saw h alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Stillborn
Premature 18 wks 1

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted
if not at place of death?Did an operation precede death? FOR WHAT? Date of _____

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed)

Harry A. Kelly M.D.

(Address)

Date

8 21 26
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Wintthrop
(Cemetery)Wintthrop
(City or town)

DATE OF BURIAL

9/1/26

19 UNDERTAKER

Charles P. Damiano

ADDRESS

Wintthrop

Official
position

Health Officer

Date of
issue
of permit

8/21/26.

Permit
No.

1513

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinners*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonis*, etc.; *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chills, convulsions, hemorrhage, kangaroo, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **unsuspectedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State _____

City or town **Boston**

No. _____

LONG ISLAND HOSPITAL

St., _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

CAROLINE B. PINKHAM

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**City or Town **WINTHROP**No. **17 BELCHER**

St. _____

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**W.**

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE**ALEXANDER B.**

6 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.

or ... min.

82

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) **NEWBURYPORT**
(State or country) **MASS.**9 NAME OF
FATHER**JOHN EWELL**10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

UNKNOWN11 MAIDEN NAME
OF MOTHER**MARY ROSE**12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

UNKNOWN13 Informant **F. E. PINKHAM**

(Address)

99 GILBERT ST. MALDEN14 Filed **AUG. 23** 1928Filed **Sept 14**, 1928

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **AUG 20** 1928
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
AUG 3, 1928, to **AUG. 20**, 1928.that I last saw h **ER** alive on **AUG. 20**, 1928.and that death occurred, on the date stated above, at **2 A** m.

The CAUSE OF DEATH was as follows: (State fully)

CHRONIC MYOCARDITIS

(duration) yrs. mos. ds.

CONTRIBUTORY **SENILITY**
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) **A. D. GOLDSHEIN**, M. D.

(Address)

Date **AUG. 20, 1928**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WILDWOOD, ASHLAND

(Cemetery)

(City or town)

DATE OF BURIAL

8 -22, 1928

19 UNDERTAKER

C. A. ROLLINS

ADDRESS

Aug. 20. 1928

7-3011
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
2,000,000, 9-26, NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

St.

Ward

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13 Informant

(Address)

14 Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

that I saw him alive on

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

CONTRIBUTORY
(Secondary)

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue
of permit

8/29/28

Permit
No.

1514

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (face paid *Housekeepers* who receive a definite salary, may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scram, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma, Scram, etc.*, of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough*; *Chronic reticular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Emotion," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXPLANATION

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 40, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**No. **MASS. GEN. HOSPITAL**St., **Ward**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **JOSEPH COHEN**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**City or Town **WINTHROP**No. **117 REVERE**

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

M.

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE

FREEDA

6 AGE

Years

Months

Days

If LESS than

66

1 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

DRY GOODS DEALER

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

RUSSIA

9 NAME OF
FATHER

LAZER COHEN

10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

RUSSIA

11 MAIDEN NAME
OF MOTHER

FANNIE -----

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

RUSSIA

13 Informant

(Address)

ABRAHAM COHEN
24 DECKHART ST. ROX

14 Filed

SEP 6

, 1928

E. W. M. Glenew

Filed

Sep. 14

, 1928

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

SEP 2

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

JUL 31

, 19

28

to

SEP 2

, 1928

that I last saw him alive on

IM

SEP 2

, 1928

and that death occurred, on the date stated above, at

6 P

m.

The CAUSE OF DEATH was as follows: (State fully)

CEREBRAL AND GENERAL ARTERIO SCLER-
OSIS

(duration)

5 yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

BRONCHO PNEUMONIA

(duration)

yrs.

mos.

12 ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

N. C. BAKER

, M. D.

(Address)

Date

SEPT, 3, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(BETH JOSEPH) WOBURN

(Cemetery)

(City or town)

DATE OF BURIAL

9-3

, 1928

19 UNDERTAKER

M. STANETSKY

ADDRESS

Joseph Bonner

Sept. 2, 1928

plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

No.

(City or town)

Registered No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

St.

Ward

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 28 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept

7

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Dec 27

1927

to Sept 7

1928

that I last saw her alive on Sept 7, 1928

and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of throat and lungs

(duration) yrs. 9 mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death Yes For what Carcinoma of Breast Rt.

Date of operation 1926

Was there an autopsy no

What test confirmed diagnosis Personal Observation

(Signed) Raymond B. Parker, M. D.

(Address) Wrentham Mass

Date Sept 8 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Will bury Will bury

(Cemetery)

(City or town)

Mass

DATE OF BURIAL

Sept. 10 1928

19 UNDERTAKER

Charles R. Beemion

ADDRESS

Wrentham

Official
position

Health Officer

Date of
issue
of permit

10/10/28

Permit
No.

1510

EXTRACT IS

FROM THE LAWS OF THE

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he or she have received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk of the town, a written statement containing

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent, or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate selection for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a medical, as required by section ten of chapter forty-six, it shall be signed by the medical examiner, or by the board of health, or by the clerk of the town in which it is given, and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar

Medical examiners shall make examination upon the view of the

dependent bodies or only such persons as are

.... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, and otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk County Winthrop City or Town
 State Massachusetts Registered No. 1158
 No. 30 Lewis Avenue St. Ward 1
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Isabella Jane Weeksbury
 (If U. S. War Veteran, specify WAR)
 (a) Residence. No. 30 Lewis Avenue St., Ward, 1
 (Usual place of abode) (If non-resident give city or town and state)
 Length of residence in city or town where death occurred 40 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5a If married, widowed or divorced HUSBAND of (or) WIFE of Horace White Weeksbury
 6 AGE Years 78 Months 9 Days X IF LESS than 1 day,.....hrs. or.....min.
 IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At home
 (b) Name of employer

8 BIRTHPLACE (City) Malden
 (State or country) Massachusetts

9 NAME OF FATHER Oliver Wheeler

10 BIRTHPLACE OF FATHER (City) Unable to obtain
 (State or country)

11 MAIDEN NAME OF MOTHER Maria Newhall

12 BIRTHPLACE OF MOTHER (City) Stoneham
 (State or country) Massachusetts

13 Informant Charles E. Weeksbury
 (Address) 30 Lewis Ave.

14 Filed 2-22-28
 (Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. Childers

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH September 8 1928
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 14 1928 to September 8 1928
 That I last saw him alive on September 7 1928

and that death occurred, on the date stated above, at 10:10 A. m.
 The CAUSE OF DEATH was as follows: (State fully)
Chronic Interstitial Nephritis

CONTRIBUTORY (duration) yrs. mos. ds.
Senility; Chronic Myocardial Degeneration (duration) yrs. mos. ds.

17 Whether was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation None

Was there an autopsy No

What test confirmed diagnosis Clinical & Laboratory
 (Signed) Dr. Jacques J. M.D.

(Address) 562 Shirley St. Winthrop
 Date September 8, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop
 (Cemetery) (City or town)

DATE OF BURIAL Sept. 10 1928

19 UNDERTAKER Charles W. Beumison
 ADDRESS Winthrop

Official position Health Officer Date of issue of permit 9/10/28 Permit No. 1016

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of various pursuits is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Commissioned land architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Sprayer*, (c) *Cotton mill*; (a) *Soleman*, (b) *Greeter*; (a) *Forman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 4 yrs)*. For persons who have no occupation whatever, write *Not*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation). Using always the same accepted term for the same disease. Example: *Cerebrospinal fever* (the definite synonym is "Epidemic pleo"; *Cerebrospinal fever* (the definite synonym is "Group") = cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typephoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastatic peritonæum*, etc.; *Carcinoma*, *Sarcoma*, etc.; (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Malaria*; *Hypocing cough*; etc. The *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inequent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anæmia," merely symptomatic, "Atrophy," "Collapse," "Coma," "Dropsy," "Exhaustion," "Heart failure," "Congestional," "Senile," etc.), "Mansanus," "Old age," "Shock," "Uremia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from calblithor or misanthriage, as "PERIPHERAL septimæ," "PERIPHERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chlostrid., convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, eclampsia, tetanus.

FROM THE LAWS OF THE
HEALTH OF MASS.
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the board of health, or employed by it or by the town as a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, L. as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

.... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical Examiner's Certificate of Death

Boston
(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County **Suffolk** StateRegistered No. **8223**City or Town **Boston**Registered No. **BOSTON CITY HOSPITAL** (Place of residence)
St., **Ward**2 FULL NAME **JAMES J. CONLEY**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence. No. **119 OCEAN ST**
(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St., **Ward.** **WINTHROP, MASS.**

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U.S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

M.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

MARY

6 AGE

Years

Months

Days

If less than
1 day, hrs.
or min.

32

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

LABORER

(b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**

(State or country)

MASS.

9 NAME OF FATHER

HARRY

10 BIRTHPLACE OF FATHER (city or town)
(State or country)

IRELAND

11 MAIDEN NAME OF MOTHER **MARY FITZPATRICK**12 BIRTHPLACE OF MOTHER (city or town)
(State or country)

IRELAND

13

Informant

ALICE G. CONLEY

(Address)

114 PLEASANT ST. BROOKLINE

14

Filed

SEP 18 1928

E. W. M. Glenen
Registrar of city or town where death occurred

Filed

Sep 25 1928

Registrar of city or town where deceased resided

15 DATE OF DEATH

(Month)

SEPT 13, 1928

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows:ACUTE LOBAR PNEUMONIA--
ALCOHOLISM

(See reverse side for additional space)

17 Where was injury sustained
if not at place of death?

(Signed)

TIMOTHY LEARY

M.D.

(Address)

BOSTON

Medical Examiner for **SUFFOLK**

Date

SEPT 13, 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

HOLYHOOD, BROOKLINE

DATE OF BURIAL

9-15-28
(Month) (Day) (Year)

19 UNDERTAKER

F. J. CROSBY

ADDRESS

20 Burial permit
issued byOfficial
position21 Date of
issue

James P. Connelley
Sept. 13. 1928

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Boston

No.

187 Shore Drive

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Rose Atlas

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

187 Shore Drive

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

6 months

days

How long in U. S., if of foreign birth?

20

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Abraham S.

6 AGE

66

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

62

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework

(b) Name of employer

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF FATHER

Isaac Wexler

10 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

11 MAIDEN NAME OF MOTHER

Miriam Cannot be learned

12 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

13

Informant

B. Atlas

(Address)

187 Shore Drive

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept 14 1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 21, 1928, to Sept 14, 1928,

that I last saw him alive on Aug 3, 1928,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH was as follows:

Pericious Anaemia
Senility

(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY)

Senility

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) [Signature] M. D.

(Address)

Date Sept 15 1928 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt. Zion Cem.

(Cemetery)

(City or town)

DATE OF BURIAL

Sept. 16 1928

19 UNDERTAKER

Yankee (Plavitsky)

ADDRESS

Boston

Official position

Health Officer

Date of issue

Permit

9/16/28 NO. 1277

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Porter," "Man," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (retired, *6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *meningitis*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic adnular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), more *29 da*; *Bronchopneumonia* (secondary), *10 da*. Never report more symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmod," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Corticæes will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gastritis, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF MASSACHUSETTS GOVERNING THE COMMONWEALTH OF MASSACHUSETTS

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where the same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . No such permit from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interim, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by its selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), but also by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MiddlesexState Mass.City or town MaldenNo. 184 WebsterSt., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert H. Sawtell

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, State Mass.City or Town Winthrop No. 184 Webster St. 130

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE Abbie A. McClathan

6 AGE

79

Years

Months

2

Days

-

If LESS than

1 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) West Range(State or country) New Hampshire9 NAME OF
FATHERAaron S. Sawtell10 BIRTHPLACE OF
FATHER (city or town)(State or country) New Hampshire11 MAIDEN NAME
OF MOTHERUnable to obtain12 BIRTHPLACE OF
MOTHER (city or town)

(State or country) " " "

13 Informant Harry Sawtell(Address) 290 Bowdoin St. Winthrop14 Filed 10/4/28, 19Filed Oct. 13, 19 28 Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept. 20, 1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from
Sept. 17, 1928, to Sept. 20, 1928.that I last saw him alive on Sept. 19, 1928.and that death occurred, on the date stated above, at 5 A.

The CAUSE OF DEATH was as follows: (State fully)

Decompensated heartyears (duration) yrs. mos. ds.CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis Usual Signs(Signed) Allen F. Fehr, M. D.(Address) 585 Main St. MaldenDate Sept. 20, 192818 PLACE OF BURIAL, CREMATION, OR REMOVAL
Cambridge
Mt. Auburn Crematory
(Cemetery) (City or town)

DATE OF BURIAL

9/22/28

19 UNDERTAKER

W. T. White

ADDRESS

Winthrop

Aug. 20, 1928

Medical Examiner's Certificate of Death

Boston
(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Boston Registered No. 8567
 City or Town Boston (Place of death) BOSTON CITY CLUB (Place of residence) St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GILBERT THIBEDORE
 (a) Residence. No. 25 TEWKSBURY St. Ward. WINTHROP, MASS.
 (Usual place of abode) (If in the Army or Navy of the United States, give rank, organization, etc.)
 Length of residence in city or town where death occurred years months days How long in U.S., if of foreign birth? years months days
 (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

5a If married, widowed, or divorced
 HUSBAND of JULIA
 (or) WIFE of

6 AGE Years Months Days If less than 1 day, hrs. or min.
63

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work PAINTER
 (b) Name of employer

8 BIRTHPLACE (city or town) DIGBY
 (State or country) N. S.

9 NAME OF FATHER UNKNOWN
 10 BIRTHPLACE OF FATHER (city or town) NOVA SCOTIA
 (State or country)

11 MAIDEN NAME OF MOTHER UNKNOWN

12 BIRTHPLACE OF MOTHER (city or town) NOVA SCOTIA
 (State or country)

13 Informant WIFE
 (Address) 25 TEWKSBURY ST. WINTHROP

14 Filed OCT. 1, 1928 E. W. M. Glenew
 Registrar of city or town where death occurred
 Filed Oct. 6, 1928
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH SEPT 27, 1928
 (Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

NATURAL CAUSES---CARDIO VASCULAR
DISEASE (CLINICALLY CORONARY
SCLEORIS)
(DIED SUDDENLY WHILE AT WORK)

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?
 (Signed) GEORGE W. BURGESS MAGRATH M.D.

(Address) BOSTON
 Medical Examiner for SUFFOLK

Date SEPT 27, 1928
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL HOLY CROSS, MALDEN
 DATE OF BURIAL 9-30-28
 (Month) (Day) (Year)

19 UNDERTAKER R. C. KIRBY
 ADDRESS

20 Burial permit issued by
 Official position

21 Date of issue

PARENTS

WILSON & WILSON

Sept-27, 1928

STANDARD CERTIFICATE OF DEATH

Attleboro

(City or town)

1 PLACE OF DEATH

Registered No. 229
(Place of death)

County Bristol State Mass.

Registered No. 163
(Place of residence)City or town Attleboro No. Sturdy Memorial Hospital St., 5 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J. Sutton

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 72 Temple Ave. St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced
Name of ~~HUSBAND~~ WIFE Maria Sutton

6 AGE Years 71 Months --- Days --- If LESS than 1 day, ... hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Manager of shoe store
(b) Name of employer8 BIRTHPLACE (city or town) Cleveland, Ohio
(State or country)

9 NAME OF FATHER Robert Sutton

10 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Mary Finn

12 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)13 Informant Mrs. S. W. Phelps,
(Address) Winthrop, Mass.14 Filed 9/28/28, 19 Registrar of city or town where death occurred
Filed Oct. 10, 19 28 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH September 27, 1928
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
Sept. 8, 1928, to Sept. 27, 1928

that I last saw him alive on Sept. 27, 1928,

and that death occurred, on the date stated above, at 11:30 a.m.
The CAUSE OF DEATH was as follows: (State fully)

Chronic cardiac disease

Mitral insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY Chronic nephritis
(SECONDARY)

(duration) yrs. ? mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis

(Signed) Frederick V. Murphy, M. D.

(Address) Attleboro, Mass.

Date September 28, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Mary's Foxboro
(Cemetery) (City or town)

DATE OF BURIAL

9/29/28
19

19 UNDERTAKER

Stephen H. Foley

ADDRESS

Attleboro.

PARENTS

may be properly classified. Exact statement of OCCUPATION is very important.

from J. S. S. S. S.
Sept. 27, 1928

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Boston

No.

52 Loucuse

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jennie Promisel

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

52 Loucuse

St.,

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

4

years

months

days

How long in U. S., if of foreign birth?

38

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Bernard

6 AGE

60

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF
FATHER

Morris Berlitzkoffsky

10 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

11 MAIDEN NAME
OF MOTHER

Mollie Canastota

12 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

13

Informant

Bernard Promisel

(Address)

52 Loucuse St.

14

Filed

Oct 2/28

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

W.D. Childress

a.s.s.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

September 28 1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

September 25, 1928, to September 28, 1928,

that I last saw her alive on September 28, 1928,

and that death occurred, on the date stated above, at 1:10 p.m.

The CAUSE OF DEATH was as follows:

Carcinoma of lumbar
+ sacral spinal
vertebrae.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY
(SECONDARY)

Hypostatic pneumonia

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed)

Jacob Abrahamson M. D.

(Address)

372 Shirley St. Winthrop

Date

Sept. 28 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Beth Joseph Cem. Woburn

(Cemetery)

(City or town)

DATE OF BURIAL

Sept. 30 1928

ADDRESS

Boston

19 UNDERTAKER

Mame Stantsky

Official
position

Health Officer

Date of
issue
of permit

9/28/28

Permit
NO.

1818

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; it should be used only when needed. As for the latter statement, it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocer, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Exam- ples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonis, etc.*; *Corticoma, Sarcoma, etc.*; "..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic relapsing heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Maras- mous," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL diseases," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com- mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childpila, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forth- with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registra- tion a standard certificate of death, stating to the best of his knowl- edge and belief the name of the deceased, his supposed age, the disease contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body... until he has received a permit from the board of health or its agent... or... from the clerk of the town where the person died;... No such permit shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement con- taining the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the pur- pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate... The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may re- quire.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.* He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unre- lated to any form of injury, have died without recent medical at- tendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths follo wing abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

RECORDED - 301
N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000, 9-26, NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk

State

Massachusetts

Winthrop.

(City or town)

Registered No. 16

City or Town Winthrop.

Station Hospital.

No.

Fort Banks.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Zigmond J. Warzinski.

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 274 Broad St.

St.

Ward,

New Britain, Conn.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 0 years 0 months 6 days.

How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Single.

6 AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.

21

?

?

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Soldier

(b) Name of employer

U.S. Army.

8 BIRTHPLACE (City) Northampton,

(State or country)

Massachusetts.

9 NAME OF
FATHER

Henry Warzinski.

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Poland.

11 MAIDEN NAME
OF MOTHER

Vicenta Golambeska.

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Poland.

13

Informant

Military Records.

(Address)

14

Filed

(Month) (Day) (Year) 10/2/28

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH September 30, 1928.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
September 25, 1928 to September 30, 1928

that I last saw him alive on September 30, 1928.

and that death occurred, on the date stated above, at 5.45 P.M.
The CAUSE OF DEATH was as follows: (State fully)

Septic sore throat, acute, streptococcus,
haemolyticus.

(duration) 0 yrs. 0 mos. 6 ds.

CONTRIBUTORY Pneumonia, broncho, streptococcus,
(Secondary) haemolyticus.
(duration) 0 yrs. 0 mos. 2 ds.

17 Where was disease contracted
if not at place of death Framingham, Mass.

Did an operation precede death no. For what None.

Date of operation None.

Was there an autopsy No.

What test confirmed diagnosis Clinical & laboratory findings.

(Signed) W. K. Turner

W. K. Turner, Captain, M.C. USA. M.D.

(Address) Fort Banks, Winthrop, Mass.

Date October 1, 1928.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Deer Island, Boston, Mass.

10/2/28

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

John F. O'Malley
Date of issue of permit 10/1/28 Permit No. 1579

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; man, "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not faintly employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages as *Scullery Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of..... (name organ); *Cancer* is less definite; avoid use of "Tumor" for malignant neoplasm; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptoms), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congenital," "Senile," etc.; "Dropsy," "Marasmus," "Old age," "failure," "Hemorrhage," "Inanition," "Mysticism," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 49, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or causes of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 49, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

R-3033
N. B. - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 166
City or Town Wentworth No. 881 Shirley St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Henry William Hughes
(a) Residence. No. Wentworth, 881 Shirley Ward.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days how long in U.S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5a If married, widowed, or divorced

HUSBAND of Robert M.
(or) WIFE of

6 AGE Years 68 Months 5 Days X If less than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroad Conductor.

(b) Name of employer Boston & Maine R.R.

8 BIRTHPLACE (City)

(State or country) Dover New Hampshire.

9 NAME OF FATHER

Michael H. Hughes.

10 BIRTHPLACE OF FATHER (City)

(State or country) Dover New Hampshire.

11 MAIDEN NAME OF MOTHER

Ellen Lane.

12 BIRTHPLACE OF MOTHER (City)

(State or country) Boston Massachusetts.

13

Informant Bertha M. Hughes.

(Address) 881 Shirley St. Wentworth

14

Filed Oct 1, 1928
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by Wm. L. Cuddeback

Official position Health Officer

21 Date of issue 10/2/28

Permit No. 1520

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept. 30, 1928
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes: Presumably Cardiovascular disease (Coronary sclerosis).

Found suddenly at home.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Long Bayan Ingalls M.D.
(Address)

Medical Examiner for Suffolk

Date Oct 1, 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Greenlawn - Revere, N.H. Oct. 3, 1928
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER

Charles P. Bennison Wentworth.

ADDRESS

Henry Williams
Sept. 30, 1928

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1 PLACE OF DEATH Suffolk County Winthrop City or Town Winthrop State Massachusetts Registered No. 167
No. 319 Bowdoin St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Sears
(If U. S. War Veteran, specify WAR)
(a) Residence. No. 319 Bowdoin St. _____ Ward, _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? yrs. _____ mos. _____ days. (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married
5a If married, widowed, or divorced HUSBAND of Laura W. Sears. (or) WIFE of
6 AGE Years 52 Months 7 Days X IF LESS than 1 day, _____ hrs. or _____ min.

IF STILLBORN, enter that fact here
7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Banking clerk
(b) Name of employer F. S. Mosely Co. Boston
8 BIRTHPLACE (City) Danvers
(State or country) Massachusetts

PARENTS
9 NAME OF FATHER John Henry Sears
10 BIRTHPLACE OF FATHER (City) Danvers
(State or country) Massachusetts
11 MAIDEN NAME OF MOTHER Lucinda Wallace
12 BIRTHPLACE OF MOTHER (City) Wenham
(State or country) Massachusetts

13 Informant Laura W. Sears
(Address) 319 Bowdoin St.

14 Filed Oct 2 1928
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. W. D. Childers

MEDICAL CERTIFICATE OF DEATH
15 DATE OF DEATH October 2 1928
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from Aug. 31 1928, to Oct 2 1928
that I last saw him alive on Oct - 2 1928
and that death occurred, on the date stated above, at 1:10 P. M.
The CAUSE OF DEATH was as follows: (State fully)

Chronic Interstitial Nephritis
(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death _____
Did an operation precede death No For what _____

Date of operation _____
Was there an autopsy NO

What test confirmed diagnosis Exam. of urine
(Signed) Edward J. Gange M. D.
(Address) 476 Shirley St.
Date Oct - 4 - 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Greenlawn DATE OF BURIAL Oct 4, 1928
(Cemetery) (City or town)

19 UNDERTAKER Charles R. Benison ADDRESS Winthrop

Official position Health Officer Date of issue of permit 10/4/28 Permit No. 1021

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meckles*; *Whooping cough*; *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intermittent) affection need not be stated unless important. Example: *Meckles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Comet," "Hemorrhage," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemiplegia," "Inanition," "Marasmus," "Old age," "Shock," "Tetanus," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, kangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith commission it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 45 G. L., as amended.*

303
information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

16,723
Winthrop
(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

168

City or Town

Winthrop

No.

241 Court Road

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Lipton Lochhead

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence

No. 241 Court Road

St.,

Ward.

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

27 years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Maud Lochhead

6 AGE

Years

54

Months

Days

If less than
1 day, ... hrs.
or ... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Real Estate & Insurance

(b) Name of employer

(Self-)

8 BIRTHPLACE (City)

(State or country)

Savonville
Massachusetts

9 NAME OF
FATHER

William M. Lochhead

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Scotland

11 MAIDEN NAME
OF MOTHER

Annie Pollard

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

England

13

Informant

(Address)

Maud Lochhead
241 Court Road

14

Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct, 3

(Month) (Day)

1928 (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Bullet wound of the chest, suicidal

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

Lump Bayn Magrath

M.D.

(Address)

Medical Examiner for

Date

Suffolk
Oct 3 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Winthrop
(Cemetery)

Winthrop
(City or town)

DATE OF BURIAL

Oct 6 1928
(Month) (Day) (Year)

19 UNDERTAKER

Charles R. Beninson

ADDRESS

Winthrop

20 Burial permit
issued by

Wm. H. Childress

Official
position

Health Officer

21 Date of
issue

10/5/28

Permit
No.

1523

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

DESCRIPTION (for unknown person).....

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

PHYSICIANS should be stated EXACTLY. PHYSICIAN'S statement of OCCUPATION is very important. See in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Winthrop

No.

173 Shirley

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Simon Indeck

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

173 Shirley

St.,

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

3

years

months

days.

How long in U. S., if of foreign birth?

30

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Bessie

6 AGE

67

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Woolen Bag Merchant

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Russia

9 NAME OF FATHER

Samuel Indeck

10 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

11 MAIDEN NAME OF MOTHER

Rosie Cannell

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

13

Informant

Bessie Indeck

(Address)

173 Shirley St.

14

Filed

(Month) (Day) (Year)

REGISTRAR

15 DATE OF DEATH

Oct 6

1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 1st, 1928, to Oct 3rd, 1928,

that I last saw him alive on Oct 3rd, 1928,

and that death occurred, on the date stated above, at 2 A. M.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY
(SECONDARY)

(duration) 5 yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

If under one year, was infant Breast Fed? _____

What test confirmed diagnosis?

(Signed)

Dr. J. B. Brown, M. D.

(Address)

33 Cambridge St.

Date

6

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

West Zion Cem.

(City or town)

DATE OF BURIAL

Oct. 7, 1928

19 UNDERTAKER

Manuel Planetsky

ADDRESS

Boston

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. L. Childress

Official position

Health Officer

Date of issue

10/6/28

Permit

NO. 1223

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the specific of age. For example, e. g. *Farmer or Planter, Physician, Com-freel line will be sufficient.* *Architect, Locomotive engineer, Civil engineer, Stationary first-poster, man, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (d) Grocer, (e) Foreman, (f) Automobile factory.* Never return "Laborer," "Fore-form part of the second statement. The material worked on may man," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *House- wife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupa- tion at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Exam- ples: *Cerebrospinal fever* (the only definite synonym is "Epidemic ple: cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"; *Typoid fever* (never report "Typoid pneumonia."); *Labar pneu- monia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asihemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convul- sions," "Dehility" ("Congestional," "Senile," etc.), "Dropsy," "Ex- haustion," "Heart failure," "Hemorrhage," "Inanition," "Maras- mus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com- mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forth- with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registra- tion a standard certificate of death, attesting to the best of his knowl- edge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap.*

46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, a satisfactory written statement and recorded, attesting the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the pur- pose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may re- quire.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died as his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrel- ated to any form of injury, have died without recent medical at- tendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or town)

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

Ward,

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13 Informant

(Address)

14 Filed

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

June 28, 1928 to Oct. 6, 1928

that I last saw her alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows: (State fully)

Chronic myocarditis
arterio sclerosis
arteriosclerosis
(duration) 4 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death.

Did an operation precede death No For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) E. W. Pickens, M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

Health Officer

Date of issue of permit

10/9/28

Permit No.

1524

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Communist, Archivist, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Solderman, (d) Grocer, (e) Foreman, (f) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife, Housework, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleia"); *Cerebrospinal meningitis*; *Dysphtheria* (avoid use of "Croup"); *Cerebrospinal fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Pleurisy*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Chronic interstitial nephritis, etc.* The *Chronic valvular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Old age" failure," "Hemorrhage," "Inanition," "Marasmus," "Old age" "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, mononucleosis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....—Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or by the town as a member of the board of health, or application make the certificate selection for the attending physician. If death is caused by violence, required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the date of the cemetery or burial ground in which the interment is made.—Chap. 114, Sec. 46, G. L., as amended.

R-301
piled. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
200,000, 9-26, NO. 6373

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County Suffolk

State Mass

(City or town)

Registered No. 171

City or Town Winthrop

No. 21 Hawthorn Ave

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary T. Roberts

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 21 Hawthorn Ave.

St. Ward

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

David

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

42

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

Brookline

(State or country)

N.H.

9 NAME OF
FATHER

Florence Donahue

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Margaret O Neil

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

David Roberts

(Address)

21 Hawthorn Ave.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1928 to Oct 8, 1928

that I last saw him alive on Oct 7, 1928

and that death occurred, on the date stated above, at 9 A m.
The CAUSE OF DEATH was as follows: (State fully)

Coronary of infarctus
adventitia

(duration) 8 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis

(Signed) C. J. Mahoney, M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Pauls Arlington

(Cemetery)

(City or town)

DATE OF BURIAL

10/10/28

19 UNDERTAKER

ADDRESS

John F. O'Malley Winthrop

Official Date of
Registration Issue of permit

10/9/28

Permit No. 15-25

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Fireman*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Greengrocer*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer", "Foreman", "Manager", "Dealer", etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid as *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleps"; *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Pneumonia" unqualified, is indefinite); *monia*; *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc.; (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report more symptoms or terminal conditions, such as "Asthma", "Anemia" (merely symptomatic), "Atrophy", "Collapse", "Coma", "Convulsions", "Debility" ("Congenital", "Senile", etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemorrhage", "Insanition", "Marasmus", "Old age", "Shock", "Tremor", "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia", "Puerperal peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained, or if, for sufficient reasons, it is insufficient, a physician named and duly qualified for the purpose, or employed by it or by the town, who is a member of the board of health, or employed by it or by the board of health, or employed by the town, shall make such certificate, required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The clerk of the town to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.... *Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 0.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 40, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

15 DATE OF DEATH

(Month)

(Day)

(Year)

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Date of
issue

of permit

Permit
NO.

should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Association)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Stationary, Compositor, Architect, Locomotive engineer, Civil engineer, Physician, fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Strawer, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* Never return "Laborer," "Foreman part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Pneumonia," unqualified, is indefinite); *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds. Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsion," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ectasia," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 40, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable by due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 1173
City or Town Winthrop No. 36 Waldemar Ave. Ward 5
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Almon Rice
(If U. S. War Veteran, specify WAR)
(a) Residence. No. 36 Waldemar Ave. Ward, 5
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

5a If married, widowed, or divorced
HUSBAND of Henrietta M. Rice
(or WIFE of)

6 AGE Years Months Days IF LESS than 1 day, hrs. or min.
55 3 23

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Plane Adjuster
(b) Name of employer Boston & Albany Railroad

8 BIRTHPLACE (City) Boston
(State or country) Massachusetts

9 NAME OF FATHER Henry S. Rice

10 BIRTHPLACE OF FATHER (City) Saxtonville
(State or country) Massachusetts

11 MAIDEN NAME OF MOTHER Mara E. Prescott

12 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts

13 Informant Henrietta M. Rice
(Address) 36 Waldemar Ave.

14 Filed 1
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Mr. D. Childers Official Health Officer
Date of issue of permit 10/18/28 Permit No. 1028

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 16 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 21 1928, to Oct 16 1928
that I last saw him alive on Oct 16 1928

and that death occurred, on the date stated above, at 3:40 P. m.
The CAUSE OF DEATH was as follows: (State fully)
Chronic interstitial nephritis

(duration) ? yrs. mos. ds.
CONTRIBUTORY Myocarditis
(Secondary) (duration) ? yrs. mos. ds.

17 Where was disease contracted if not at place of death ✓

Did an operation precede death no For what no

Date of operation no

Was there an autopsy no

What test confirmed diagnosis Chemical & Lab.

(Signed) T. W. Layton M. D.

(Address) Winthrop, Mass.

Date Oct 17 - 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Everett
(Cemetery) (City or town)

DATE OF BURIAL Oct. 18, 1928

19 UNDERTAKER Charles R. Bennison Winthrop

ADDRESS

Oct. 16. 1928

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Teacher*. *Physician, Compositor, Architect, Locomotive engineer, Planter, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer, Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife, Housework*, or *At home*. Care should be taken to report specifically *school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Seventh, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis*, etc.; *Carcinoma, Sarcoma*, use of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tubercular heart disease; Chronic interstitial nephritis, etc. The contradictory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *de*; *Bronchopneumonia* (secondary), 10 *de*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congestive," "Semicoma," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicemia," "PERIPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gaspitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall ex-hume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit, and the board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

R-301
200,000, 9-26, NO. 6373
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
FAMILY HISTORY, with own name and date of birth, should be stated in plain terms, so that it may be properly classified.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

(City or town)

Registered No.

174

City or Town

Winthrop

No.

53 Pebble Ave.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ralph Smith Bradner

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

53 Pebble Ave.

St.

3

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

30 years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Jennie Hain Bradner

6 AGE

Years

Months

Days

IF LESS than

1 day.....hrs.

or.....min.

65

7

10

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

Wingroot Supplies

8 BIRTHPLACE (City)

(State or country)

Newark

New Jersey

9 NAME OF
FATHER

Wm E. Bradner

10 BIRTHPLACE OF
FATHER (City)

(State or country)

New York State

11 MAIDEN NAME
OF MOTHER

Mary E. Potter

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

New Jersey

13

Informant

(Address)

Wife

53 Pebble Ave Winthrop

14

Filed

Oct 20/28

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. S. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

October 16

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Oct 13

1928

to

Oct 16

1928

that I last saw him live on

Oct 15

1928

and that death occurred, on the date stated above, at

1

2 m.

The CAUSE OF DEATH was as follows: (State fully)

CONTRIBUTORY
(Secondary)

Diabetic Coma

(duration)

yrs.

mos.

3 ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

No

For what

Date of operation

Was there an autopsy

No

What test confirmed diagnosis

Clinical & Lab

(Signed)

Orville E. Johnson

M. D.

(Address)

123 Winthrop Winthrop

Date

Oct 17

1928

Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

10/18/28

19 UNDERTAKER

ADDRESS

Walter S. White Winthrop

Official
position

Health Officer

Date of
issue
of permit

10/18/28

Permit
No.

1527

wer. 16. 17. 18.

EXTRACTS

FROM THE LAWS OF THE

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Sec. 9.

issued until there shall have been delivered to such board, agent or

may require.—*Chap. 114, Sec. 45, U. L., as amended.*

violence.—*Gen. Laws, Chap. 38, Sec. 6.*

of death.—*Gen. Laws, Chap. 38, Sec. 7.*

G. L., as amended.

no occupation whatever, write *None*.

peritonitis," etc.

State cause for which surgical operation was undertaken.

Committee on Nomenclature of the American Medical Association,

"primary": if secondary, give primary cause.

septicæmia, tetanus.

G. L., as amended.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

1162

City or Town

Boston

No.

65 Sunnyside Avenue

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Phalen

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 65 Sunnyside Avenue

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

2

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Joseph A. Phalen

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

40

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

Boysdale,

(State or country)

Nova Scotia

9 NAME OF
FATHER

John McDonald

10 BIRTHPLACE OF
FATHER (City)

Nova Scotia

(State or country)

11 MAIDEN NAME
OF MOTHER

Mary McCormack

12 BIRTHPLACE OF
MOTHER (City)

Nova Scotia

(State or country)

13

Informant

Joseph Phalen

(Address)

65 Sunnyside Avenue

14

Filed

1105.2/28

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. L. Childers

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

10

20

25

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

10-11, 1928, to 10-20, 1928

that I last saw h. alive on 10-20, 1928

and that death occurred, on the date stated above, at 6:00 P.M.

The CAUSE OF DEATH was as follows:

Nephritis (Chronic Nephritis)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? FOR WHAT? Date of

Was there an autopsy?

If under one year, was Infant Breast Fed?
What test confirmed diagnosis?

(Signed)

H. J. Kelly, M. D.

(Address)

200 Pleasant

Date

10

22

28

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Holy Cross, Malden

Oct 22, 1928

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Richard C. Kirby East Boston

Official
position

Health Officer

Date of
issue

10/22/28

Permit
No.

15-29

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plaster, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lung*, *metastatic peritonitis*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 28 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ectasia," "Heart failure," "Hemorrhage," "Inanition," "Marasmodium," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **suspectably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2,000,000, 9-26, NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

City or Town

Boston

No

76 Summit Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ella H. Kenneally

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

76 Summit Ave

St.

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

65

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

at Home

8 BIRTHPLACE (City)

(State or country)

Boston
Mass

9 NAME OF
FATHER

David Kenneally

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Boston
Mass

11 MAIDEN NAME
OF MOTHER

Catherine Murphy

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Chilmark

13 Informant

(Address)

Elizabeth Kenneally
76 Summit Ave

14 Filed

(Month)

(Day)

(Year)

Nov 21 1928

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm D Childers

Official position

Health Officer

Date of issue

10/26/28

Permit No.

1530

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

Oct 24 1928

16 I HEREBY CERTIFY, That I attended deceased from

Dec 23

1927

to

Oct 24

1928

that I last saw him alive on

Oct 23

1928

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

6

P.

m.

Acute myocarditis

(duration)

ys.

mos.

10

ds.

CONTRIBUTORY
(Secondary)

Diabetes mellitus

(duration)

ys.

mos.

11

ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

no

For what

Date of operation

Was there an autopsy

no

if under one year, was it

What test confirmed diagnosis

Diabetes mellitus

(Signed)

Raymond B Parker

M. D.

(Address)

Wintthrop Mass.

Date

Oct 25, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

10/27/28

19 UNDERTAKER

Frank A. Magrath

ADDRESS

E. Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "foreman," "manager," "dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housework, who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely synipomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" (omitted), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Insanition," "Marsasmus," "Old age," "Shock," "Hemiplegia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or by the town, who is a member of the board of health, or employed by it or by the town, for the purpose, shall upon application make the certificate so required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

Registered No. 9415

(Place of death)

County Suffolk

State

Registered No.

(Place of residence)

City or town Boston

No. MASS. WOMENS HOSPITAL

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HANNAH RATCHESKY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS.

(Usual place of abode)

City or Town WINTHROP No. 53 TRIDENT AVE St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

M.

5a If married, widowed, or divorced

Name of HUSBAND
(or) WIFE

JACOB

6 AGE

Years

Months

Days

If LESS than
1 day, . . . hrs.
or . . . min.

68

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

HOUSEWORK

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

RUSSIA

9 NAME OF
FATHER

WILLIAM GIDDON

10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

RUSSIA

11 MAIDEN NAME
OF MOTHER

GERTRUDE

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

RUSSIA

13 Informant

(Address)

MORRIS ROGERS

23 CUMMINGS RD- BROOKLINE

14 Filed OCT. 27, 19 28

Filed OCT 30, 19 28

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

OCT. 25

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

SEPT 30, 19 28, to OCT. 25, 19 28

that I last saw h ER alive on OCT. 24, 19 28

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH was as follows: (State fully)

CORONARY THROMBOSIS--CHRONIC
MYOCARDITIS

(duration) yrs. mos. 14

CONTRIBUTORY
(SECONDARY)

STONE IN COMMON DUCT

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death YES For what

Date of operation OCT. 1, 1928

Was there an autopsy

What test confirmed diagnosis

(Signed)

MITCHELL SISSON

M. D.

(Address)

Date OCT. 25, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WAKEFIELD JEWISH CEM.

(Cemetery)

(City or town)

DATE OF BURIAL

10-26

, 19 28

ADDRESS

19 UNDERTAKER

MANUEL STANETSKY

PARENTS

may be properly classified. Exact statement of OCCUPATION is very important.

Stamm & Spence

Oct. 25, 1928

should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop
BOSTON

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

Winthrop

State

Massachusetts

Registered No.

(City or town)

City or Town

Boston

Winthrop

No. 98, Woodside Ave.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James S. Weagle

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Lunenburg Co. Nova Scotia

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

Now long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Widower

5a If married, widowed or divorced

HUSBAND of

(or) WIFE of

Albertina

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

81

4

20

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Retired

8 BIRTHPLACE (City)

(State or country)

Nova Scotia

9 NAME OF
FATHER

William Weagle

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Nova Scotia

11 MAIDEN NAME
OF MOTHER

Elmer Leary

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Nova Scotia

13

Informant

Mr. Nickerson

(Address)

98 Woodside Ave

14

Filed

Nov 2/28

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. L. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

26

(Day)

1928

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Oct 25, 1928, to Oct 26, 1928,

that I last saw him alive on Oct 26, 1928,

and that death occurred, on the date stated above, at 1:40 A. M.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) 1 1/2 yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. mos. ds.

17 Where was disease contracted
if not at place of death? Nova Scotia

Did an operation precede death? No Date of

Was there an autopsy? No

If under one year, was Infant Breast Fed?

What test confirmed diagnosis? Terminal Obstruction.

(Signed)

Raymond B. Parker

M. D.

(Address)

Winthrop Mass.

Date

Oct 26 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Wayspring Cemetery, Lunenburg Nova Scotia

DATE OF BURIAL

Oct 29 28

19 UNDERTAKER

B. A. Rollins

ADDRESS

B. Boston

Official
position

Health Officer

Date of
issue of permit

10/26/28

Permit
NO.

1531

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; it should be used only when needed. As for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Woman, at home, who are engaged in the duties of the household only (not paid home, who are engaged in a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Pneumonia," unqualified, is indefinite); *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); *Cancer* is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anoxia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc., "Dropsy," "Edema," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, when the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

R-301

DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

(City or town)

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

St.

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

mos.

days. How long in U. S., if of foreign birth?

ysr.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

IF LESS than 1 day,hrs. ormin.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant (Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

19 UNDERTAKER

DATE OF BURIAL

ADDRESS

Date of issue of permit

Permit No.

200M 7-28 No. 2787-c

Oct. 29, 1928

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *teacher*. *Physician, compositor, architect, locomotive engineer, civil engineer, stationery foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never re-word "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife, Housewife*), may be entered as *Housewife employed, as At work*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the disease causing death, stable occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer retired 6 yrs.*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Cause. Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Typhoid fever (never report 'Typhoid fever' avoid use of 'Typhoid fever'); *Typhoid fever* (never report 'Typhoid fever' avoid use of 'Typhoid fever'); *Bronchopneumonia* ("Pneumonia"), *Lobar pneumonia*; *Tuberculosis of lungs, meningitis, peritonitis*, etc. *Carcinoma, Sarcoma*, etc., of "Tumor (name origin); *Cancer*" is less definite; avoid use of "Tumor for malignant neoplasm); *Meningitis, Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death). 29 *da. Bronchopneumonia* (secondary). 19 *da. Never report more symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Jaundice," "Maniasms," "Old age," "Spook," "Tremor," "Wetness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis", etc.*

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chills, convulsions, hemorrhage, jaundice, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, or marine corps of the United States in any war in which it has been engaged, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying any cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Cambridge

(City or town)

1 PLACE OF DEATH

Registered No. 1560
(Place of death)

County Middlesex State Mass.

City or town Cambridge No. Holy Ghost Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cornelius Bresnahan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 356 Revere St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced

Name of HUSBAND (or) WIFE Margaret A. Sullivan

6 AGE Years Months Days If LESS than 1 day, . . hrs. or . . . min.
76 -- --

If STILLBORN, enter that fact here --

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired

(b) Name of employer --

8 BIRTHPLACE (city or town) Boston
(State or country) Mass.

9 NAME OF FATHER John

10 BIRTHPLACE OF FATHER (city or town) Boston

(State or country) Mass.

11 MAIDEN NAME OF MOTHER Ellen

12 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

13 Informant Margaret A. Bresnahan
(Address) 338 Revere St. Winthrop

14 Filed Nov 2 1928

Filed Dec. 12, 1928

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH October 31 1928
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
Oct 18, 1928, to Oct 30, 1928

that I last saw him alive on October 30, 1928

and that death occurred, on the date stated above, at 4.15 A. m.

The CAUSE OF DEATH was as follows: (State fully)

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) Willard Putnam, M. D.

(Address) 16 Garfield St. Cambridge

Date Oct 31 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Old Calvary Cem. Boston Nov 3 1928

(Cemetery)

(City or town)

19 UNDERTAKER

James J Shea

ADDRESS

Cambridge

Oct. 31, 1928

200M 7-28 No. 2787-c
PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION
is very important. See instructions and extracts from the laws on back of certificate.

200M 7-28 No. 2787-c

THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 180
City or Town Winthrop Winthrop Community Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes Therese Mc Intyre
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 95 Quincy Ave St. Ward,
(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred: 4 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) married

5a If married, widowed, or divorced
WIFE of Henry G. Mc Intyre

6 AGE Years 54 Months 11 Days 14 IF LESS than 1 day, hrs. min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. At home
(b) Name of employer

8 BIRTHPLACE (City) England
(State or country)

PARENTS

9 NAME OF FATHER William S. Gibbet

10 BIRTHPLACE OF FATHER (City) England
(State or country)

11 MAIDEN NAME OF MOTHER Elizabeth S. Edmunds

12 BIRTHPLACE OF MOTHER (City) England
(State or country)

13 Informant Henry G. Mc Intyre
(Address) 95 Quincy Ave

14 Filed (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 7 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct-30, 1928, to Nov. 7, 1928, that I last saw h. or alive on Nov. 7, 1929, and that death occurred, on the date stated above, at 5:30 P m. The CAUSE OF DEATH was as follows: (State fully)

Acute obstruction of Bowel

(duration) 7 yrs. mos. ds.

CONTRIBUTORY Carcinoma of intestines
(Secondary) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death. NO For what

Date of operation NO

Was there an autopsy. NO

What test confirmed diagnosis

(Signed) Edward J. Frayger M. D.
(Address) 476 15th St
Date Nov-8-1928

18 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL
Winthrop Winthrop Nov. 10, 1928
(Cemetery) (City or town)

19 UNDERTAKER ADDRESS
Charles R. Bennison Winthrop

Date of issue of permit 1/8 28 Permit No. 15 34

2200.7 1928

EXTRACTS

FROM THE LAWS OF THE

GOVERNING THE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *conductor*.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town wherein the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one town to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued or removed to such board, agent or clerk.

No undertaking or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, and a satisfactory certificate of the attending physician. If any such statement or certificate is required by law, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the deceased certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith condescend it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration as to the other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

known; otherwise a description as full as may be, with the manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the community until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified-
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000, 9-26, NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. Winthrop
City or Town Winthrop No. Winthrop Community Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Jacob Phillip Swint
(If U. S. War Veteran, specify WAR)
(a) Residence. No. 1 Burrill Terrace St., Ward, (If non-resident give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 40 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a If married, widowed or divorced HUSBAND OF Ella Jane Swint
6 AGE Years 73 Months X Days 5 IF LESS than 1 day, hrs. or min.
IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired
(b) Name of employer

8 BIRTHPLACE (City) Syracuse
(State or country) New York

9 NAME OF FATHER John Wendell Swint

10 BIRTHPLACE OF FATHER (City) Germany
(State or country)

11 MAIDEN NAME OF MOTHER Marguerite Matzenbacher

12 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

13 Informant Charles R. Bennison
(Address) 147 Winthrop St.

14 Filed Nov 13 1928
(Month) (Day) (Year) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 7 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 3, 1928, to Nov 7, 1928
that I last saw him alive on Nov 7, 1928

and that death occurred, on the date stated above, at 11 a. m.
The CAUSE OF DEATH was as follows: (State fully)

Valvular heart disease
Uremia
Passive congestion (general)
(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY Nephritis
(Secondary) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis urinary analysis

(Signed) Horace J. Soule, M. D.

(Address) Winthrop Mass

Date Nov 8, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town) DATE OF BURIAL Nov. 9, 1928

19 UNDERTAKER Charles R. Bennison ADDRESS Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Sam L. Childers Official position Health Officer Date of issue of permit 11/8/28 Permit No. 1533

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Never return "Laborer." Form part of the second statement. Never return "Cook, miller, etc. Women at home, who are engaged in the duties of the household only (not paid as *Day laborers, Farm laborers, Laborers—Coal mine, etc.* Women at home, who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not faintly employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scrubbed, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Pneumonia," unqualified, is indefinite; *Pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite; *Pulverulent of lungs, meningis, peritonitis, etc.*, *Carcinoma, Sarcoma, Tuberculosis of lungs, meningis, peritonitis, etc.*); *Meningis; Whooping cough; etc.*, of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Chronic interstitial nephritis, etc.* The *Chronic uterular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 *da.*; *Bronchopneumonia* (secondary), 10 *da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestant," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Imatition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

The Commonwealth of Massachusetts
 STANDARD CERTIFICATE OF DEATH

Wintthrop
BOSTON
 (City or town)

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 163

City or Town Wintthrop No. 7 Wilshire St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Andrew J. Price World War
 (If U. S. War Veteran, specify WAR)

(a) Residence. No. 7 Wilshire St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 AGE Years 31 Months 4 Day: _____ IF LESS than 1 day, _____ hrs. _____ min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

Operator
B. & E. R. R.

8 BIRTHPLACE (City)

(State or country)

East Boston Mass.

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

John J. Price
Ireland

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Mary McConough
Ireland

13

Informant

(Address)

James Grotty
7 Wilshire St. Wintthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Childers
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 9, 1928
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Nov. 2, 1928, to Nov 8, 1928

that I last saw him alive on Nov 8, 1928

and that death occurred, on the date stated above, at 3.15 P m.
 The CAUSE OF DEATH was as follows: (State fully)

Lobar pneumonia

CONTRIBUTORY (Secondary) La grippe
 (duration) _____ yrs. _____ mos. 4 ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what _____

Date of operation _____

Was there an autopsy _____

If under one year, was infant deceased _____

What test confirmed diagnosis stethoscope

(Signed) G. Lynde Gately, M. D.

(Address) 624 Beacon St. Boston

Date Nov. 9, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery) Holy Cross Malden (City or town) Nov 14, 1928

DATE OF BURIAL

19 UNDERTAKER

William A. Lynam ADDRESS 559 Canton St. Boston

Official Position Health Officer Date of issue of permit 11/10/28 Permit No. 1535

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composition, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; it should be used only when needed. As for the latter statement, it should be used only when needed. As examples: (a) *Sprayer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, man, "Manager, Farm laborer, Laborer—Coal mine, etc. Woman as home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Comatose"), "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tetanus," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is employed by it or by the who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, without the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

Winthrop.
(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Mass. Registered No. 183
 City or Town Winthrop No. Winthrop Community Hospital Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

PAUL ANTONELLIS,

(a) Residence. No. 56 Beal Street (If in the Army or Navy of the United States, give rank, organization, etc.)
 (Usual place of abode) St., Ward. Winthrop
 (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR
 DIVORCED (write the word) single

15 DATE OF DEATH November 13, 1928
 (Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Crushing injuries of the chest
caused by a motor vehicle acci-
dent. (Pedestrian.)

(See reverse side for description for unknown person)

17 Where was injury sustained
 if not at place of death

(Signed) Lucy Bryan Maguath M.D.
 (Address) 274 Boylston Street

Medical Examiner for Suffolk County

Date November 14, 1928
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Holy Cross Malden DATE OF BURIAL
 (Cemetery) (City or town) (Month) (Day) (Year)
11 16 28

19 UNDERTAKER Edmund A. Maguath ADDRESS East Boston

13 Informant James Antonellis
 (Address) 36 Beal St. Winthrop

14 Filed Nov 21 1928 REGISTRAR
 (Month) (Day) (Year)

20 Burial permit issued by Wm. L. Childress Official position Health Officer Date of issue 11/15/28 Permit No. 1537

information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . .—*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

2 Nov. 13, 1928

FILED UNDER RECORD

THIS IS A PERMANENT RECORD

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

(City or town)

Registered No.

City or Town

Wintrop
Boston

No. 76 Sagamore Ave

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George H. Whitney

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

76
87 Sagamore Ave

St.

Ward

Wintrop

(Usual place of abode)

(if non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Fannie C.

6 AGE

Years

Months

Days

61

4

16

IF LESS than
1 day,.....hrs.
or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF
FATHER

William A. Whitney

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Nova Scotia

11 MAIDEN NAME
OF MOTHER

Lizzie A. Tuttle

12 BIRTHPLACE OF
MOTHER (City)

Salem

(State or country)

N.S.

13

Informant

Fannie C. Whitney

(Address)

67 Sagamore Ave

14

Filed

Nov 30/28
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov 13, 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Sept. 4, 1928, to Nov. 13, 1928.
that I last saw him live on Nov. 13, 1928.and that death occurred, on the date stated above, at 9-15, p.m.
The CAUSE OF DEATH was as follows: (State fully)Broncho-pneumonia,
hypostatic -

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Artero-sclerosis,

(duration) 3 yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death? No For what

Date of operation

Was there an autopsy? No

If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed)

A. Willard, M.D.

(Address)

34 Etna St. Boston

Date

Nov 14, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Northport Maine

11-17-28

(Cemetery)

(City or town)

19 UNDERTAKER

Harry O. Phillips, 480 Columbia St. Boston

ADDRESS

Official
position

Health officer

Date of
issue
of permit

11/15/28

Permit
No.

1536

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Childress
9.8

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congestive"), "Stenle" ("Dropsy"), "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Belmont

(City or town)

1 PLACE OF DEATH

Registered No. 182

(Place of death)

County Middlesex

State Mass.

Registered No. 182

(Place of residence)

City or town Belmont

No. 2 Bartlett Ave.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Franklin H. Richardson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

City or Town Winthrop

No. 18 Tewkesbury St.

(Usual place of abode)

Length of residence in city or town where death occurred 0 years 2 months 14 days.

How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
---------------	--------------------------	---

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE

6 AGE 59	Years	Months 5	Days 17	If LESS than 1 day, ... hrs. or ... min.
-------------	-------	-------------	------------	--

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Salesman

(b) Name of employer

8 BIRTHPLACE (city or town) Cambridge,

(State or country)

Mass.

9 NAME OF
FATHER

George E. Richardson

10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

Maine

11 MAIDEN NAME
OF MOTHER

Georgianna Blaisdell

12 BIRTHPLACE OF
MOTHER (city or town)

Roxbury,

(State or country)

Mass.

13 Informant Miss Ida Richardson (Sister

(Address)

502 Cambridge St., Allston

14 Filed Nov. 14, 1928

Filed Dec. 1, 1928

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH November 14 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Feb. 28, 1928, to Nov. 14, 1928,

that I last saw him alive on Nov. 5, 1928,

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH was as follows: (State fully)

Cancer of Tongue

(duration) -- yrs. 9 mos. -- ds.

CONTRIBUTORY Anaemia Haemorrhage
(SECONDARY)

(duration) -- yrs. -- mos. 20 ds.

17 Where was disease contracted
if not at place of death 18 Tewkesbury St. Winthrop

Did an operation precede death Yes For what Tracheotomy

Date of operation March 8, 1928

Was there an autopsy No

What test confirmed diagnosis Operation

(Signed) H. U. Germain, M. D.

(Address) 475 Commonwealth Ave.

Date -----, Boston

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt. Auburn Cambridge

(Cemetery)

(City or town)

DATE OF BURIAL

Nov. 17, 1928

19 UNDERTAKER

Short & Williamson

By L. I. Williamson

ADDRESS

Allston

Nov. 14, 1928

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Winthrop

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

~~Sturbridge~~ **Norfolk**State **Massachusetts**(City or town)
Registered No.

City or Town

Boston - Winthrop No. **51 Sargent St**

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Clarence H. Leach

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

51 Sargent St

St., Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**married.**

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of**Lora R. Rose.**

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.**61****9****8**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**none**

(b) Name of employer

8 BIRTHPLACE (City)

unknown Me.

(State or country)

9 NAME OF
FATHER**Edward F. Leach**10 BIRTHPLACE OF
FATHER (City)**unknown Me.**

(State or country)

11 MAIDEN NAME
OF MOTHER**Emily R. Orbeton**12 BIRTHPLACE OF
MOTHER (City)**unknown Me.**

(State or country)

13

Informant

Lora R. Leach

(Address)

51 Sargent St

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued**W.D. Childress****9.3.9**

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

November 16 1928
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

November 16 1928
, 1928, to **Nov 16**, 1928,that I last saw him alive on **Nov 16**, 1928,and that death occurred, on the date stated above, at **7:15 P. m.**

The CAUSE OF DEATH was as follows:

Paralysis agitans

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? **No** Date of **✓**Was there an autopsy? **No**If under one year, was Infant Breast Fed? **No**What test confirmed diagnosis? **clinical**

(Signed)

P. W. Hayton

M. D.

(Address)

186 Winthrop St, Winthrop Me.

Date

Nov. 17 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

W Rockport Me.**Nov. 19**

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

G. S. Sherman & Sons

ADDRESS

BostonOfficial
position**Health Officer**Date of
issue
of permit**11/18/28**Permit
NO.**1538**

should be clearly supplied. AGE should be stated explicitly. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Carpenter, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soldier*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaei*, etc.; *Carcinoma, Sarcoma*, etc.; (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles, Whooping cough, Chronic tubular heart disease, Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *28 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Marasmus," "Heart failure," "Hemorrhage," "Inanition," "Paralysis," "Old age," "Shock," "Typhemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State

City or town

BostonNo. **CHILDRENS HOSPITAL**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

(City or town)

10110

Registered No.

(Place of residence)

St., **Ward**

2 FULL NAME

ALICE MAROTTA

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

98 OCEAN VIEW

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**S.**

5a If married, widowed, or divorced

Name of **HUSBAND**
(or) WIFE

6 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.**12****10****23**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town)

WINTHROP

(State or country)

MASS.9 NAME OF
FATHER**LORENZO**10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

ITALY11 MAIDEN NAME
OF MOTHER**MARIA VITELLO**12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

ITALY

13 Informant

FATHER

(Address)

68 OCEAN VIEW ST. WINTHROP

14

Filed **NOV. 20** 1928**E. W. McGlen**Filed **Nov. 24** 1928

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

NOV. 17

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

NOV. 11

1928, to

NOV. 17

1928,

that I last saw her alive on **NOV. 17**, 1928,and that death occurred, on the date stated above, at **1.45 A** m.

The CAUSE OF DEATH was as follows: (State fully)

**NEPHRITIS CHRONIC--INTERSTITIAL
ON ACCOUNT OF ACIDOSIS**(duration) yrs. **1** mos. ds.CONTRIBUTORY
(SECONDARY)**BRONCHO PNEUMONIA**(duration) yrs. mos. **21** ds.17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

R. C. ELEY

M. D.

(Address)

Date

NOV. 17, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

HOLY CROSS, MALDEN

(Cemetery)

(City or town)

DATE OF BURIAL

11-19

1928

ADDRESS

19 UNDERTAKER

ANGELO JANNINI

Allen Hancock

Nov. 17, 1928

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No.

PALMER MEMORIAL HOSPITAL

(City or town)

Registered No. **10110**

(Place of death)

Registered No. **188**

(Place of residence)

St., **Ward**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **LAURA COLE**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**City or Town **WINTHROP**No. **86 BELLVIEW**

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**W.**

5a If married, widowed, or divorced

Name of { **HUSBAND**
(or) WIFE**CHARLES**

6 AGE

Years

64

Months

7

Days

28If LESS than
1 day, . . . hrs.
or . . . min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**AT HOME**

(b) Name of employer

8 BIRTHPLACE (city or town)

CARMEL

(State or country)

MAINE9 NAME OF
FATHER**RUSSEL D. CLEVELAND**10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

MAINE11 MAIDEN NAME
OF MOTHER**HANNAH E. RUSSELL**12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

MAINE

13 Informant

(Address)

MILDRED COLE
23 PEARL ST. WAKEFIELD14 Filed **NOV. 20** 19**28**Filed **Nov 23**, 19 **28**

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

NOV. 18

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

NOV. 1, 19 **28**

to

NOV. 18, 19 **28**that I last saw him **ER** alive on **NOV. 18**, 19 **28**and that death occurred, on the date stated above, at **1.15 A** m.

The CAUSE OF DEATH was as follows: (State fully)

RECURRENT CARCINOMA OF BREAST**GENERAL CARCINOMATOSIS**

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of deathDid an operation precede death **YES** For what **CANCER OF**Date of operation **3 YRS. AGO** **BREAST**Was there an autopsy **YES**What test confirmed diagnosis **AUTOPSY**(Signed) **G. A. LELAND**, M. D.

(Address)

Date

NOV. 18, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

CEDAR GROVE, MILTON

(Cemetery)

(City or town)

DATE OF BURIAL

11-20, 19 **28**

ADDRESS

19 UNDERTAKER

C. R. BENNISON

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

189

City or Town

Boston

Winth

No. Winth

Community Hosp.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William J. Wink Baby

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

133

Bellingham St.

Ward

Beckmont Ave

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

IF LESS than 1 day,.....hrs. or.....min.

IF STILLBORN, enter that fact here

Still Born

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

W. Wink

8 BIRTHPLACE (City)

(State or country)

Beckmont Ave

9 NAME OF FATHER

Arthur Wink

10 BIRTHPLACE OF FATHER (City)

(State or country)

Lithuania

11 MAIDEN NAME OF MOTHER

Anna Kabadzinska

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Lithuania

13 Informant

(Address)

Arthur Wink

14 Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. L. Gidycz

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov.

26

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

at birth

19

to

19

that I last saw h

alive on

19

and that death occurred, on the date stated above, at The CAUSE OF DEATH was as follows: (State fully)

Still Born

(duration)

ys.

mos.

ds.

CONTRIBUTORY (Secondary)

Breast Birth

(duration)

ys.

mos.

ds.

17 Where was disease contracted if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

If under one year, was infant Breast Fed? What test confirmed diagnosis

(Signed)

Louis Siegel

M. D.

(Address)

72 Shirley Ave

Date

Nov. 27, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Charles Boston

(Cemetery)

(City or town)

Nov 28, 1928

19 UNDERTAKER

ADDRESS

J. Baranovitch

Official Position

Health Officer

Date of issue

of permit 11/27/28

Permit No.

1531

72050-2.6, 1928

FROM THE LAWS OF THE

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Forman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Porter," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation). Using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; *Whooping cough*; etc. of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," merely symptomatic, "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Hypertrophy," "Manusmus," "Old age," "Shock," "Eutremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate as hereinafter provided. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or by the who is a member of the board of health, or selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the clerk or registrar

new require.—Class. 114, Sec. 45, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

..... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 190
City or Town Boston No. 53 Waldemar Ave. St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Margaret E. Anderson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 53 Waldemar Ave. St., _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 years 6 months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

William J. Anderson

6 AGE 62 Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

Housewife

8 BIRTHPLACE (City)
(State or country)

Gaugher Mass.

9 NAME OF FATHER

James J. Gaugher

10 BIRTHPLACE OF FATHER (City)
(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

Margaret Welch

12 BIRTHPLACE OF MOTHER (City)
(State or country)

Ireland

13 Informant

Informant Christine M. Anderson
(Address) 53 Waldemar Ave.

14 Filed

Filed Dec. 28
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. S. Childers

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 29 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1928, to Nov. 29, 1928,
that I last saw him alive on Nov. 29, 1928,
and that death occurred, on the date stated above, at 1:30 P. m.
The CAUSE OF DEATH was as follows:

Acidosis

(duration) _____ yrs. _____ mos. 18 ds.

CONTRIBUTORY diabetes mellitis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? No

If under one year, was infant Breast Fed? _____
What test confirmed diagnosis?

(Signed) Edward J. Fraugh, M. D.

(Address) 476 Sturkey
Date Nov. 30 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Holy Cross Walden Dec. 2, 1928
(Cemetery) (City or town)

19 UNDERTAKER

ADDRESS

David J. Dooley 125 Linden St.
Boston

Official position

Health Officer

Date of issue permit

12/1/28 Permit NO. 1540

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not carefully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unspecified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely) *symptomatic*, "Atrophy," "Senile," etc., "Dropsy," "Erysipelas," "Debility" ("Congenital," "Senile," etc.), "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neuritis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 40, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . No such permit from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 56, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 56, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognised disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognised disease, and those of persons found dead.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

County Worcester State Mass Registered No. 206City or Town Wintrow No. Wintrow State Hospital (Place of residence)

2 FULL NAME

(a) Residence. No. 16 Willow ave (If U. S. War Veteran, specify WAR) St. Wintrow Ward. Mass

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. 10 mos. 3 days How long in U. S., if of foreign birth? yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

a If married, widowed, or divorced

HUSBAND of (or) WIFE of Frank Dominici6 AGE Years 51 Months 3 Days 6 If less than 1 day.....hrs. or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City or town)

(State or country)

9 NAME OF FATHER

Robert R. Adcliffe

10 BIRTHPLACE OF FATHER (City or town)

(State or country)

11 MAIDEN NAME OF MOTHER

Mary Holloway

12 BIRTHPLACE OF MOTHER (City or town)

(State or country)

13 Informant

(Address)

14 Filed

Dec 16Filed Jan 14

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 4 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have made examination of the dead body of the person above named and that to the best of my knowledge and belief the CAUSE AND MANNER of death are as follows: (If an injury was involved, state fully)

Asphyxiation by
cord about the
neck
suicidal

(See reverse side for additional space)

17 In what City or town was injury sustained?

(Signed) Robert S. Newton M. D.(Address) Wintrow MassMedical Examiner for Worcester DistrictDate Dec 5 1928
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

(Month) (Day) (Year)

19 UNDERTAKER

20 Burial permit issued by

21 Date of issue

Permit No.

Dec. 4. 1928

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

I PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

192

City or Town

Winthrop
Boston

No. 66

Plummer St.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alice W. Hodges

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

66 Plummer St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

2

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Widow

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

James C. Hodges

6 AGE

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

71

2

12

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) Name of employer

8 BIRTHPLACE (City)

Newfield

(State or country)

Mass.

9 NAME OF FATHER

Chas. A. Hallett

10 BIRTHPLACE OF FATHER (City)

Barre

(State or country)

U.S.A.

11 MAIDEN NAME OF MOTHER

Charlotte B. Guild

12 BIRTHPLACE OF MOTHER (City)

Strong

(State or country)

Me

13

Informant

Harold H. Hodges

(Address)

Rodcliffe St. Dorchester Mass

14

Filed

Dec. 18/28

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Childress

15 DATE OF DEATH

Dec

7

1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Nov 24

1928

to Dec 7

1928

that I last saw her alive on *Dec 7*, 1928

and that death occurred, on the date stated above, at *6:30 P.* m.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) *2* yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

If under one year, was infant Breast Fed

What test confirmed diagnosis? *Personal Observation*

(Signed)

Frederick B. Parker

M. D.

(Address)

Winthrop Mass

Date

Dec

7

1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Hope Cemetery Boston

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 9, 1928

19 UNDERTAKER

J. H. Richardson

ADDRESS

Boston

Official position

Health Officer

Date of issue of permit

12/7/28

Permit

NO. *1544*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Never return "Laborer," "Form part of the second statement. The material worked on may be, "Manager," "Dealer," etc., without more precise specification, man, "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid as *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not painfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Domestic*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection, with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia* (never report "Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*, *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, childbed, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumata (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**No. **6 WABON ST.**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **10901**
(City or town) (Place of death)Registered No. **193**
(Place of residence)2 FULL NAME **EMMA O. HOWARTH**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**
(Usual place of abode)City or Town **WINTHROP** No. **320 BOWDOIN** St.

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **W.**

5a If married, widowed, or divorced

Name of { HUSBAND **REUBEN**
(or) WIFE6 AGE _____ Years _____ Months _____ Days If LESS than 1 day, ... hrs. or ... min. **77**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **AT HOME**

(b) Name of employer

8 BIRTHPLACE (city or town) **N. WILBRAHAM**
(State or country) **MASS.**9 NAME OF FATHER **PEASE**10 BIRTHPLACE OF FATHER (city or town) **N. WILBRAHAM**
(State or country) **MASS.**11 MAIDEN NAME OF MOTHER **CANNOT BE LEARNED**12 BIRTHPLACE OF MOTHER (city or town) **ENGLAND**
(State or country)13 Informant **A. C. FLOYD**
(Address) **320 BOWDOIN ST. WINTHROP**14 Filed **DEC. 15, 1928** **E. W. M. Glenen**
Filed **DEC. 18, 1928** Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **DEC. 11** 1928
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from **NOV. 30**, 19**28** to **DEC. 11**, 19**28**that I last saw him **ER** alive on **DEC. 11**, 19**28**and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH was as follows: (State fully)**CEREBRAL HEMORRHAGE**

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY **ARTERIO SCLEROSIS**
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) **G. H. SCOTT**, M. D.

(Address)

Date **DEC. 12, 1928**18 PLACE OF BURIAL, CREMATION, OR REMOVAL **NORTH WILBRAHAM, MASS.**
(Cemetery) (City or town)DATE OF BURIAL **12-17**, 19**28**

19 UNDERTAKER

F. J. CROSBY

ADDRESS

Anna O. Schwartz
Dec. 11, 1928

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

1 PLACE OF DEATH

County

Suffolk
Winthrop
Boston

State

Massachusetts

Registered No.

(City or town)

99

City or Town

No.

99 Winthrop

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frank B. Snowman

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

99 Winthrop

St.,

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

11 years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Mary M. Snowman

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

71

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Portland
Maine

9 NAME OF
FATHER

John Snowman

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Penobscot
Maine

11 MAIDEN NAME
OF MOTHER

Isabel M. Cain

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

St. Steven
Maine

13 Informant

(Address)

Mary M. Snowman
Winthrop Mass

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Childers

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec 11 1928

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 30

1928

to

Dec 11

1928

that I last saw him alive on Dec 11, 1928

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH was as follows:

Carcinoma of Stomach and
Intestines.

(duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

NO

Date of

Was there an autopsy?

NO

If under one year, was infant Breast Fed?
What test confirmed diagnosis?

(Signed)

Raymond B. Parker

M. D.

(Address)

Winthrop Mass

Date

Dec 12 1928

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Burien Portland Me.

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 13/28

19 UNDERTAKER

C. A. Rollins

ADDRESS

C. E. Gibson

Official position

Health Officer

Date of issue

12/12/28

Permit

NO. 1372

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Never return "Laborer," "Foreman part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid as *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Bernard, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*; *Scarletina, Sarcema, etc.* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic reticular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Semile," etc.; "Dropsy," "Erections," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Stoma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chills, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phthisis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . No such permit from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the board of health, or employed by it or by the person who is a member of the board of health, or a physician selected for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (c) Salesman, (d) Grocer; (e) Foreman, (f) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *wife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or even up on account of the miserae *CARELESS DEATH*, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation). Examining always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Pneumonia* (avoid use of "Pneumonia", unqualified, is indefinite); *Mononucleosis*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*; *Carcinoma, Sarcoma, Fibrosarcoma of lungs, meningis, peritoneum, etc.*; *Cancer* is less definite; avoid use of "....." (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

Registered No. 10942

(Place of death)

County Suffolk

State

Registered No.

(Place of residence)

City or town Boston

No.

PETER BENT BRIGHAM HOSPITAL

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME EMERENTIA C. GILLIES

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS.

City or Town

WINTHROP

No. 42 IRWIN

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

W.

5a If married, widowed, or divorced

Name of } HUSBAND
(or) WIFE

ALEXANDER

6 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.

74

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

NONE

(b) Name of employer

8 BIRTHPLACE (city or town)

ST. JOHN

(State or country)

N. B.

9 NAME OF
FATHER

ALEXANDER MACDONALD

10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

SCOTLAND

11 MAIDEN NAME
OF MOTHER

UNKNOWN WALWORTH

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

ENGLAND

13 Informant

FRANCES CLARKSON

(Address)

60 FENWAY

14 Filed

DEC. 18 1928

E. W. M. Glenew

Filed

DEC 24 1928

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

DEC. 13

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

NOV. 19

19 28 to

DEC. 13

1928

that I last saw him alive on

DEC. 13

1928

and that death occurred, on the date stated above, at

9 P

m.

The CAUSE OF DEATH was as follows: (State fully)

CHOLELITHIASIS - CHOLECYSTITIS

RETRO-PERITONEAL ABSCESS

(duration)

2

mos.

ds.

CONTRIBUTORY
(SECONDARY)

MYOCARDIAL INFARCTION

(duration)

3

hrs.

m.

17 Where was disease contracted
if not at place of death.

YES

For what

Did an operation precede death

Date of operation

NOV. 21, 1928

Was there an autopsy

YES

What test confirmed diagnosis

AUTOPSY

(Signed)

CHARLES L. CLAY

, M. D.

(Address)

Date

DEC. 14, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

CEDAR GROVE, BOSTON

(Cemetery)

(City or town)

DATE OF BURIAL

12-15

, 1928

ADDRESS

19 UNDERTAKER

J. S. WATERMAN & SONS

PARENTS

may be properly classified. Exact statement of OCCUPATION is very important.

Dec 13. 1928

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

Registered No. 10952
(Place of death)

County Suffolk

State

Registered No. 10952
(Place of residence)

City or town Boston

No. CARNEY HOSPITAL St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY J. HYDE

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS.

City or Town WINTHROP No. 364 WINTHROP St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W.

5a If married, widowed, or divorced

Name of { HUSBAND JOHN
(or) WIFE

6 AGE 72 Years Months Days If LESS than 1 day, ... hrs. or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work NONE

(b) Name of employer

8 BIRTHPLACE (city or town) BOSTON
(State or country) MASS.

9 NAME OF FATHER PATRICK KEENAN

10 BIRTHPLACE OF FATHER (city or town) IRELAND
(State or country)

11 MAIDEN NAME OF MOTHER MARY SHAW

12 BIRTHPLACE OF MOTHER (city or town) IRELAND
(State or country)13 Informant SISTER
(Address) 364 WINTHROP ST. WINTHROP14 Filed DEC. 18, 1928 E. W. M. Glenew
Registrar of city or town where death occurredFiled DEC. 24, 1928
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH DEC. 13 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

DEC. 5, 1928, to DEC. 13, 1928,

that I last saw him ER alive on DEC. 13, 1928,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH was as follows: (State fully)

CARCINOMA OF SIGMOID

(duration) yrs. mos. da.

CONTRIBUTORY CHRONIC MYOCARDITIS
(SECONDARY)

(duration) yrs. mos. da.

17 Where was disease contracted if not at place of death.

Did an operation precede death. YES For what -----

Date of operation DEC. 11, 1928

Was there an autopsy.

What test confirmed diagnosis

(Signed) A. F. MANNING, M. D.

(Address)

Date DEC. 13, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

HOJOY CROSS, MALDEN
(Cemetery) (City or town)

DATE OF BURIAL

12-16, 1928

ADDRESS

19 UNDERTAKER

R. C. KIRBY

may be properly classified. Exact statement of OCCUPATION is very important.

may 8. 1928

Dec. 13, 1928

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Essex State Mass. Registered No. Danvers 333
 City or town Danvers No. Danvers State Hospital St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert D. Jones

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 39 Nevada St.
 (Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a If married, widowed, or divorced
 Name of { HUSBAND
 (or) WIFE

6 AGE Years 54 Months _____ Days _____ If LESS than 1 day, ... hrs. or ... min. _____

If TILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Porter-waiter
 (b) Name of employer _____

8 BIRTHPLACE (city or town) Peterburg, Va.
 (State or country)

PARENTS

9 NAME OF FATHER Claybourne Jones,

10 BIRTHPLACE OF FATHER (city or town) Peterburg, Va.
 (State or country)

11 MAIDEN NAME OF MOTHER Sarah Butts,

12 BIRTHPLACE OF MOTHER (city or town) Janestown, Va.
 (State or country)

13 Informant Gertrude F. Smith,
 (Address) Hathorne

14 Filed 12/19/28 Registrar of city or town where death occurred
 Filed Dec. 27, 1928 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. 15, 1928
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
July 11, 1928, to Dec. 15, 1928

that I last saw him alive on Dec. 15, 1928

and that death occurred, on the date stated above, at 3.15 P. m.
 The CAUSE OF DEATH was as follows: (State fully)

General Paralysis of the Insane

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death _____

Did an operation precede death no For what _____

Date of operation no

Was there an autopsy _____

What test confirmed diagnosis clin. findings

(Signed) Dupre M. Hall, M. D.

(Address) Hathorne

Date Dec. 17, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Winthrop 12/18/28, 19
 (Cemetery) (City or town)

19 UNDERTAKER John A. O'Brien

ADDRESS
Winthrop

Robertson, John

Dec. 15, 1925

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 720
 City or town Chelsea No. U.S. Naval Hosp. St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank J. Placco

World War Vet.
 (If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 480 Winthrop St.
 (Usual place of abode)

Length of residence in city or town where death occurred years 2 months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5a If married, widowed, or divorced
 Name of HUSBAND
 (or) WIFE

6 AGE Years 32 Months 10 Days 13 If LESS than 1 day, ... hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter
 (b) Name of employer

8 BIRTHPLACE (city or town) Boston
 (State or country) Mass.

9 NAME OF FATHER Joseph Placco

10 BIRTHPLACE OF FATHER (city or town) Naples
 (State or country) Italy

11 MAIDEN NAME OF MOTHER Margaret Buckley

12 BIRTHPLACE OF MOTHER (city or town) Queensdown
 (State or country) Ireland

13 Informant Helen E. Donohue
 (Address) 480 Winthrop St. Winthrop

14 Filed 12/17, 19 28 Richard A. Maley
 Filed Jan. 3, 1929 Registrar of city or town where death occurred
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. 17 1928
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 10.17, 19 28, to 12/17, 19 28
 that I last saw him alive on 12/16, 19 28
 and that death occurred, on the date stated above, at 8:15 a.m.
 The CAUSE OF DEATH was as follows: (State fully)

Abdominal Hodgkin's Disease

plus
 (duration) yrs. 3 mos. 5 ds.

CONTRIBUTORY Acute nephritis
 (SECONDARY) (duration) yrs. 5 mos. 5 ds.

17 Where was disease contracted if not at place of death unknown

Did an operation precede death no For what

Date of operation

Was there an autopsy yes

What test confirmed diagnosis autopsy findings

(Signed) _____, M. D.

(Address) Chelsea Naval Hospital

Date 12/17/1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden
 (Cemetery) (City or town)

DATE OF BURIAL

12/21/ 28

ADDRESS

Winthrop

may be properly classified. Exact statement of OCCUPATION is very important.

Dec. 17, 1928

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

2 FULL NAME

(a) Residence.

No.

St.

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant
(Address)

14

Filed
(Month)

(Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
positionDate of
issue
of permit

ADDRESS

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

DATE OF BURIAL

19 UNDERTAKER

Permit
No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Dec 12

1928

to Dec 17

1928

that I last saw her alive on Dec 17 1928

and that death occurred, on the date stated above, at 9:15 A m.

The CAUSE OF DEATH was as follows: (State fully)

Acute myocarditis
Bronchial pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death? no For what

Date of operation

Was there an autopsy? no

What test confirmed diagnosis? Personal observation

(Signed) Raymond B. Parker M. D.

(Address) Winthrop Mass.

Date Dec 18 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

DATE OF BURIAL

Milbury Mass Dec 20 1928

19 UNDERTAKER

Charles R. Beninson Winthrop Mass.

Date of
issue
of permitPermit
No.

3/19/28

1247

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

17. Feb 8
Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributors (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Anæmia," *Anæmia* (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Memorlage," "Paralysis," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicaemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, jaundice, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicaemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permit, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

16,907

Medical Examiner's Certificate of Death

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County

State

Registered No.

City or Town

Wentworth; Tracks of B.R. Rd. L.R.R. or amb. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(Usual place of abode)

St., Ward.

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred 56 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Sophia C. Lquist

6 AGE

Years

Months

Days

If less than

1 day, ... hrs.
or ... min.

77

3

5

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Salesman

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Maine

9 NAME OF
FATHER

Unknown

10 BIRTHPLACE OF
FATHER (City)

(State or country)

"

11 MAIDEN NAME
OF MOTHER

"

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

"

13

Informant

Mrs. Sophia C. Lquist

(Address)

59 Clifford St. Rox.

14

Filed

(Month) (Day) (Year)

Jan. 24/29

REGISTRAR

20 Burial permit
issued byOfficial
position21 Date of
issuePermit
No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

Dec 18 1928

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Fracture of the skull with
associated intracranial
injury caused by an electric
railway accident.

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

Wentworth

(Signed)

L. J. Sullivan & Son, M.D.

(Address)

Medical Examiner for

Suffolk

Date

(Month)

(Day)

(Year)

Dec 19 1928

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Mt Hope

(Cemetery)

Boston

(City or town)

DATE OF BURIAL

Dec 21, 1928

(Month) (Day) (Year)

19 UNDERTAKER

L. J. Sullivan & Son

ADDRESS

759 South St
Rox.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposedly due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

Henry S. Stone,
Dec. 18, 1928.

Physician should be stated fully.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

1 PLACE OF DEATH

County SuffolkState MassachusettsRegistered No. 21City or Town WinthropNo. 68 Park AvenueSt., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Willie Irving Kelley

No

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 68 Park Ave.,St., Ward,

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR

Married
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of Flora Nelson Kelley
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.571015

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Salesman
(b) Name of employer Watson Hallett8 BIRTHPLACE (City) West Dennis,(State or country) Mass.9 NAME OF
FATHERCharles H. Kelley10 BIRTHPLACE OF
FATHER (City) Harwich, Mass.

(State or country)

11 MAIDEN NAME
OF MOTHERIdella Studley12 BIRTHPLACE OF W. Dennis, Mass.
MOTHER (City)

(State or country)

13

Informant Flora Nelson Kelley(Address) 68 Park Ave., Winthrop

14

Filed Jan. 3, 29

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
SignatureDate of
issue
of permit 1/24/28Permit
No. 1545

15 DATE OF DEATH

Dec. 23, 1928
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Dec. 21, 1928 to Dec. 23, 1928that I last saw him alive on Dec. 23, 1928and that death occurred, on the date stated above, at 4.40 P m.
The CAUSE OF DEATH was as follows: (State fully)Influenza of Pneumonia(duration) yrs. mos. 1 ds.CONTRIBUTORY
(Secondary)Influenza
(duration) yrs. mos. 3 ds.17 Where was disease contracted
if not at place of deathDid an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis

(Signed) Edward J. Freeman, M. D.(Address) 476 State St.Date Dec. 24, 1928

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Freemans Lodge Park

(Cemetery) (City or town)

19 UNDERTAKER

ADDRESS

Long & Hargreaves Winthrop

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scullery, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhages, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died: and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 40, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

(City or Town)

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

3

years

months

days

How long in U. S., if of foreign birth?

5

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

9 BIRTHPLACE (City)

(State or country)

10 NAME OF
FATHER11 BIRTHPLACE OF
FATHER (City)

(State or country)

12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE OF
MOTHER (City)

(State or country)

14

Informant

(Address)

15

Filed

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec

24

1928

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, that I attended deceased from

Dec - 10

1928

Dec 24

1928

that I last saw her alive on Dec. 23 - 1928

and that death occurred, on the date stated above, at 8:15 a.m.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. + mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Horace A. Bragdon

M.D.

(Address)

77 Bartlett Rd Hingham

Date

Dec. 26

1928

Mass

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 26, 1928

20 UNDERTAKER

ADDRESS

M. J. Kelly 11 Meridian St. E. Boston

Official
position

Agent

Date of
issue
of permit

12/26/28

Permit

No. 15-46

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinster*, (b) *Collon mill*; (c) *Salesman*, (d) *Grocery*; (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death, the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committees on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where contracted, the duration of his last illness, when last seen alive by the physician, and the date of his death. . . . — *Revised Laws, Chap. 29, Secs. 10 and 1, as amended by Acts of 1910, Chap. 322.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent, . . . or . . . from the clerk of the city or town in which the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which . . . shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician. If death is caused by violence, the medical examiner only shall make such certificate. . . . The person to whom the permit is so given and the physician who certifies to the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Revised Laws, Chap. 76, Sec. 38.*

Medical examiners shall, in all cases, certify to the city or town clerk or to the city registrar in the place where the deceased died, his name and residence, if known, otherwise a description of such person as full as may be, with the cause and manner of his death, and shall make examination upon the view of the dead bodies of only such persons as are supposed to have come to their death by violence. — *Revised Laws, Chap. 24, Sec. 8.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bodily care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Boston

City or town

1 PLACE OF DEATH

County **Suffolk**

State

Registered No. **11273**
(Place of death)City or town **Boston**No. **MASS. GEN. HOSPITAL**Registered No. _____
(Place of residence)

St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **HENRY LA ROCHE**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**
(Usual place of abode)City or Town **WINTHROP**No. **964 SHIRLEY** St.

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **S.**5a If married, widowed, or divorced
Name of { **HUSBAND**
(or) WIFE6 AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
3 **11** **13**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) **WINTHROP**
(State or country) **MASS.**9 NAME OF FATHER **FRANCIS E.**10 BIRTHPLACE OF FATHER (city or town) **BIDDEFORD**
(State or country) **MAINE**11 MAIDEN NAME OF MOTHER **MARIE PLUSKY**12 BIRTHPLACE OF MOTHER (city or town) **WINTHROP**
(State or country) **MASS.**13 Informant **FATHER**(Address) **964 SHIRLEY ST. WINTHROP**14 Filed **DEC. 28**, 19 **28** **E. W. M. Glenew**
Registrar of city or town where death occurredFiled **Jan 2**, 19 **29**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **DEC. 25** 1928
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
DEC. 24, 19 **28**, to **DEC. 25**, 19 **28**.that I last saw him alive on **DEC. 25**, 19 **28**.and that death occurred, on the date stated above, at **11.07** m.

The CAUSE OF DEATH was as follows: (State fully)

ACUTE APPENDICITIS WITH RUPTURE(duration) yrs. mos. **4** ds.CONTRIBUTORY **APPENDIX ABSCESS AND PERITONITIS**
(SECONDARY) (duration) yrs. mos. **2** ds.

17 Where was disease contracted if not at place of death

Did an operation precede death **YES** For what **APPENDICITIS**Date of operation **12.24-28**

Was there an autopsy

What test confirmed diagnosis **OPERATION**(Signed) **H. FRANKLIN WOOD**, M. D.

(Address)

Date **DEC. 25, 1928**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

HOLY CROSS, MALDEN
(Cemetery) (City or town)

DATE OF BURIAL

12-27, 19 **28**

19 UNDERTAKER

J. F. O'MALEY

ADDRESS

may be supplied. AGE should be stated EXACTLY. OCCUPATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Henry A. Roche

Dec. 25, 1928

Medical Examiner's Certificate of Death

Boston
(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County **Suffolk** State **Mass.** Registered No. **11293**
 City or Town **Boston** No. **MASS. GEN. HOSPITAL** St. **Ward**
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **LOUIS SLATER**

(a) Residence. No. **117 SHORE DRIVE** St. **WINTHROP** Ward **MASS.**
 (Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **M.**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **ANNIE**

6 AGE Years **50** Months Days If less than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **TAILOR**
 (b) Name of employer **-----**

8 BIRTHPLACE (city or town) **POLAND**
 (State or country)

9 NAME OF FATHER **SAMUEL**

10 BIRTHPLACE OF FATHER (city or town) **POLAND**
 (State or country)

11 MAIDEN NAME OF MOTHER **BECKER ROKOLSKY**

12 BIRTHPLACE OF MOTHER (city or town) **POLAND**
 (State or country)

13 Informant **WIFE**
 (Address) **117 SHORE DRIVE, WINTHROP**

14 Filed **DEC. 28 1928** **E. W. M. Glenen**
 Registrar of city or town where death occurred
 Filed **Jan. 2, 1929**
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **DEC. 25, 1928**
 (Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

**POISONING BY PHOSPHOROUS--SELF
 ADMINISTERED IN THE FORM OF
 RODENT POISONING WITH SUICIDAL
 INTENT.**

(See reverse side for additional space)

17 Where was injury sustained **WINTHROP**
 if not at place of death? **GEORGE BURGESS MAGRATH**, M.D.
 (Signed)

(Address) **BOSTON**

Medical Examiner for **SUFFOLK**
 Date **DEC. 26, 1928**
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **CHEVRA KADUSHA, MONTVALE**
 DATE OF BURIAL **12-27-28**
 (Month) (Day) (Year)

19 UNDERTAKER **MYER SOLOMON & SON**
 ADDRESS

20 Burial permit issued by
 Official position

21 Date of issue

Dec. 25, 1928

Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop

(City or town)

1 PLACE OF DEATH

County Suffolk

State

Mass.

Registered No.

015

City or Town Winthrop

No. 57 Cutler St

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas H. Lind

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 57 Cutler St

St. Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S. if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Married

5a If married, widowed or divorced

HUSBAND of

(or) WIFE of

Elizabeth

6 AGE

Years

Months

Days

IF LESS than
1 day..... hrs.
or..... min.

72

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass

9 NAME OF
FATHER

Otto

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Sweedon

11 MAIDEN NAME
OF MOTHER

Cannot be Learned

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

Elizabeth Lind

(Address)

57 Cutler St/

14

Filed

Jan. 3, 29

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W.D. Childress

Official position

Health Officer

Date of issue of permit

12/30/28

Permit No.

1547

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

Dec 28 1928

16 I HEREBY CERTIFY, That I attended deceased from

Dec 28, 1928, to Dec 28, 1928

that I last saw him alive on

Dec 28, 1928

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows: (State fully)

4.20 P m.
John Lindemann

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Josephs

Boston

(Cemetery)

(City or town)

12/31 28

19 UNDERTAKER

ADDRESS

John F. O'Malley

Winthrop

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scrubw*, *Coak*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic) "Atrophy," "Collapse," "Crisis," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Transition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puERPERAL septicemia," "puERPERAL puerionitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—Chap. 114, Sec. 46, G. L., as amended.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH

County RockinghamState NEW HAMPSHIRERegistered No. 208Township Danville

or Village

City

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Helen Clark

(a) Residence. No.

St.,

Ward.

Winthrop Mass

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos. 9

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

F

4 COLOR OR RACE

W5 SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)S5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

June 25, 1911

7 AGE

Years

Months

Days

If LESS than
1 day, --- hrs.
or --- min.17025

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHome(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

Dorchester

(State or country)

10 NAME OF FATHER

William Clark

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

P. E. I.

12 MAIDEN NAME OF MOTHER

Jessie McNeil

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

P. E. I.

14

Informant

(Address)

15

Filed

, 19

16 DATE OF DEATH (month, day, and year)

June 19 1928

17

I HEREBY CERTIFY That I attended deceased from

, 19

to

, 19

that I last saw h. alive on

, 19

and that death occurred, on the date stated above, at

m.

The CAUSE OF DEATH* was as follows:

General Infection Glands

(duration)

(yrs.)

mos.

ds.

CONTRIBUTORY

(SECONDARY)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

E. A. Landman

, M. D.

, 19

(Address)

Plouster N. H.* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or
HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop MassJune 21 1928

20 UNDERTAKER

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless

important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

11-3184

ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN



RECEIVED



DEC 22 1958 AM



The Commonwealth of Massachusetts
Office of the Secretary
State House, Boston 33

Edward J. Cronin

Secretary of the Commonwealth

December 17, 1958

Mr. John A. Clark
Town Clerk
Winthrop, Massachusetts

Dear Mr. Clark:

The enclosed certificate was found in a seldom used filing cabinet. It is sent to you for whatever use it may be to you. Possibly it is already a matter of record in your office.

Very truly yours,

Ralph R. Currier

Ralph R. Currier
State Registrar of Vital
Statistics

RRC/W
Encl.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County _____

State _____

City or town _____

2 FULL NAME

(a) Residence. State _____

(Usual place of abode)

Length of residence in city or town where deceased _____

PERSONAL AND STAT

3 SEX _____

4 COLOR OR RACE _____

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE

6 AGE _____

Years _____

Months _____

If STILLBORN, enter that fact here _____

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) Name of employer _____

8 BIRTHPLACE (city or town) _____

(State or country) _____

9 NAME OF FATHER _____

10 BIRTHPLACE OF FATHER (city or town) _____

(State or country) _____

11 MAIDEN NAME OF MOTHER _____

12 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) _____

13

Informant _____

(Address) _____

14

Filed _____, 19 _____

Filed _____, 19 _____

(City or town) _____

Registered No. _____
(Place of death) _____Registered No. _____
(Place of residence) _____

No. _____

St., _____ Ward _____

give its NAME instead of street and number) _____

United States, give rank, organization, etc.) _____

St. _____

a birth? _____ years _____ months _____ days _____

IFICATE OF DEATH

Month) _____ (Day) _____ (Year) _____

IFY, That I attended deceased from _____

, to _____, 19 _____

, 19 _____

e stated above, at _____ m.
lows: (State fully) _____

(duration) _____ yrs. _____ mos. _____ ds.

(duration) _____ yrs. _____ mos. _____ ds.

For what _____

, N. D. _____

REMOVAL

(City or town) _____

DATE OF BURIAL

, 19 _____

ADDRESS _____

10844

martha' Parsons Ballou

Jan. 1, 1929

Certificate of Death

Name, Martha Parsons Ballou

Place of Death, Concord, Mass.

No. 44 South Spring Street

Ward, 6 Village, 11 days

How long a resident, 11 days

Previous residence, Anthrop Mass.

If death occurred at an institution give name of same

How long an inmate, _____

Where from, _____

Date of Death: Year, 1929 Month, Jan Day, 1

Age: Years, 64 Months, 1 Days, 17

Place of Birth, Gloucester Mass.

Date of Birth: Year, 1864 Month, Nov Day, 14

Sex, M Color, W Married, Single, } 17

Widowed or Divorced

Occupation, Practical Nurse

Cause of Death, Influenza

Duration, 6 days

Contributing Cause, none

Duration, _____

[Record continued over.]



13-301
N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
200,000, 9-26, NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

(City or town)

Registered No. 2

City or Town

Boston

Vinthrop

No.

93 Pleasant

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ellen E. Burke

(If U. S. War Veteran, specify WAR)

a) Residence. No.

93 Pleasant

St.

Ward,

(If non-resident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

John W.

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

60

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Berlin
Mass

9 NAME OF
FATHER

Michael Garrity

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Bridget Curran

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

(Address)

John W. Burkley
93 Pleasant St.

14

Filed

Jan 3/29
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm D. Childress

Official
position

Health Officer

Date of
issue
of permit

1/3/29

Permit
No.

1548

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan

1

1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Sept. 12 - 1927, to Jan 1 - 1929

that I last saw her alive on Jan 1 - 1929

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

chronic Passive Congestion

(duration) yrs. 2 mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

no

For what

Date of operation

Was there an autopsy

no

if under one year, was infant breast fed?

What test confirmed diagnosis

clinical

(Signed)

Witchell Vason, M.D.

(Address)

163 Meridian St

Date

Jan 2 - 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Joseph Cemetery

(Cemetery)

(City or town)

1-4-29

19 UNDERTAKER

ADDRESS

Heddy A. Magalhães

1548

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Leocomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphenteria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congestive"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Imitation," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misarrriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical Examiner's Certificate of Death

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Maine Registered No. 3
City or Town Winthrop No. 275 St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances E. Somerby

(a) Residence. No. Winthrop, 275 Main St., Ward
(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

15 DATE OF DEATH Jan 3 1929
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus T.

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

6 AGE Years 87 Months 6 Days 1 If less than 1 day, hrs. or min.

Intestine injury with associated shock caused by an accidental fall downstairs.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) Ellsworth (State or country) Maine

9 NAME OF FATHER Cyrus Murch

10 BIRTHPLACE OF FATHER (City) Trenton (State or country) Maine

11 MAIDEN NAME OF MOTHER Rhoda Leland

12 BIRTHPLACE OF MOTHER (City) Trenton (State or country) Maine

13 Informant H. A. Somerby (Address) Winthrop Mass

14 Filed Jan 5 1929 REGISTRAR

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) Lucy (Lucy Murch) M.D.
(Address)

Medical Examiner for Suffolk
Date Jan 5 1929 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Woodlawn Quett DATE OF BURIAL Jan 6 1929
(Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER B. L. Rollins ADDRESS B. Boston

20 Burial permit issued by Wm. D. Childress Official position Health Officer 21 Date of issue 1/4/29 Permit No. 1549

information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER of DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

DESCRIPTION (for unknown person)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan. 3 1929

3501
N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully classified and placed in its proper group. See instructions and extracts from the laws on back of certificate.
Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Winthrop
(City or town)
Registered No. *4*

County _____ State *Mass*
City or Town *Winthrop* No. *Winthrop Community* St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Ellie Merrill*

(If U. S. War Veteran, specify WAR)

(a) Residence. No. *31 Villa Ave.* St. _____ Ward *Winthrop*
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
5a If married, widowed or divorced HUSBAND of (or) WIFE of _____
6 AGE Years *70* Months _____ Days _____ IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at home*
(b) Name of employer _____

8 BIRTHPLACE (City) *Ashland*
(State or country) *New Hampshire*

9 NAME OF FATHER *John M. Merrill*

10 BIRTHPLACE OF FATHER (City) *Ashland*
(State or country) *New Hampshire*

11 MAIDEN NAME OF MOTHER *Esther M. Cheney*

12 BIRTHPLACE OF MOTHER (City) *Ashland*
(State or country) *New Hampshire*

13 Informant *Raldo B. Fay*
(Address) *8 Jed Colony Ave. Quincy*

14 Filed *Jan 21/29*
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Jan 7 1929*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Jan 5 1929* to *Jan 7 1929*,
that I last saw her alive on *Jan 7 1929*,
and that death occurred, on the date stated above, at *7 A.* m.
The CAUSE OF DEATH was as follows: (State fully)

Influenza

(duration) _____ yrs. _____ mos. *3* ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death _____

Did an operation precede death _____ For what _____

Date of operation _____

Was there an autopsy *Yes*

What test confirmed diagnosis *Urinal & Stomach*

(Signed) *Raymond S. Parker*, M. D.

(Address) *Wendover, Mass*

Date *Jan 7, 1929*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Green Grove Cemetery, Winthrop, N.H.*
(Cemetery) (City or town)
DATE OF BURIAL *Jan 10, 1929*

19 UNDERTAKER *Raldo B. Fay*
ADDRESS *80 Ed Cronin St. Woburn*

Official position *Health Officer* Date of issue of permit *1/7/29* Permit No. *1500*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died: and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the board, or if, for sufficient reasons, his certificate cannot be obtained for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (c) Salesman, (b) Grocery; (c) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleia"; *Cerebrospinal meningitis*); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc.*; *Carcinoma, Sarcoma, etc.*; of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intervening) affection need not be stated unless important. Example: *Measles* (disease causing death), 10 ds.; *Bronchopneumonia* (secondary), "Asthma," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BROOKLINE

(City or town)

1 PLACE OF DEATH

County NORFOLK

State MASS

City or Town BROOKLINE

No. Corey Hill Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 16
(Place of death)

Registered No. 5
(Place of residence)

St. Ward

2 FULL NAME Thomas W. Sheffield

(a) Residence. State MASS
(Usual place of abode)

City or Town Winthrop No. 14 Edgehill Rd

St.

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of Catherine G (or) WIFE of

6 AGE 77 Years Months 1 Days 16 If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired (b) Name of employer

8 BIRTHPLACE (city or town) East Boston (State or country) Mass

9 NAME OF FATHER Thomas M Sheffield

10 BIRTHPLACE OF FATHER (city or town) England (State or country)

11 MAIDEN NAME OF MOTHER Mary (Cannot be Learned)

12 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

PARENTS

13 Informant Timothy McCarthy (Address) 4 Edgehill Rd. Winthrop

14 Filed 1/8/29, 19 Registrar of city or town where death occurred Filed 5, 1929 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January 8, 1929 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1928, to January 8, 1929, that I last saw him alive on January 8, 1929, and that death occurred, on the date stated above, at 9 A. m. The CAUSE OF DEATH was as follows:

Prostatic Hypertrophy (Benign) Myocarditis

(duration) 1 yrs. mos. ds. CONTRIBUTORY Broncho Pneumonia (SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death? -- Did an operation precede death? yes Date of 12/29/28

Was there an autopsy? no What test confirmed diagnosis? -- (Signed) B. D. Wetherell, M.D.

(Address) 352 Marlboro St. Boston Date January ---1929 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn, Everett (Cemetery) (City or town) DATE OF BURIAL 1/11/29,

19 UNDERTAKER John F. O'Maley ADDRESS Winthrop

so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (c) Salesman, (b) Grocer; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary action with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death, 89 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtonia," "Anemia" (merely synonymous), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Dreina," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . — *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

(City or town)

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day,hrs.
or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
positionDate of
issue
of permitPermit
No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

16

19

29

to

Jan 9

19

29

that I last saw her alive on

Jan 9

19

29

and that death occurred, on the date stated above, at

830 P

m.

The CAUSE OF DEATH was as follows: (State fully)

Valvular heart-disease

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(Secondary)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death.

no

For what.

Date of operation

Was there an autopsy.

no

What test confirmed diagnosis.

(Signed)

Horace E. Soule

M. D.

(Address)

Wentworth Mass

Date

January 16 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Jan 12/29

19 UNDERTAKER

ADDRESS

Chas R. Bennett

Wentworth

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is Epidemic cerebrospinal meningitis); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Friedmonia," unqualified, is indelinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of "....." (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asphænia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy" ("Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk

(City or town)

State MassRegistered No. 7City or Town WinthropNo. 29 Taylor StSt., Winthrop Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lea Papineau

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 29 Taylor StSt., Winthrop Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofOscar6 AGE Years Months Days IF LESS than 1 day, hrs. or min.
57

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Canada

9 NAME OF FATHER

Edward Russell

10 BIRTHPLACE OF FATHER (City)

(State or country)

Canada

11 MAIDEN NAME OF MOTHER

Cannot be learned

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Canada

13

Informant
(Address)Mrs. Bazinet29 Taylor St

14

Filed

(Month) (Day) (Year)

Jan 12/29

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Official
SignatureDate of
issuePermit
No.

1/12/29

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 11, 1929
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1928 to Jan 11, 1929.that I last saw her alive on Jan 11, 1929.and that death occurred, on the date stated above, at 4:30 p.m.
The CAUSE OF DEATH was as follows: (State fully)myocarditis(duration) 10 yrs. mos. ds.CONTRIBUTORY
(Secondary)Chronic nephritis(duration) 10 yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no. For what

Date of operation

Was there an autopsy noWhat test confirmed diagnosis clinical(Signed) Samuel Smith M. D.(Address) 6 Ward Way W. WinthropDate Jan 12, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

1/14/29

19 UNDERTAKER

John F. C. Malley

ADDRESS

Winthrop

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Jan 11 1929

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same condition. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc. *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Melades*: *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Melades* (disease causing death), 29 *da.*, *Bronchopneumonia* (secondary), 10 *da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, kangriena, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined as required by section one, where same was contracted), the duration of his last illness, when last seen alive by the physician or other and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration to any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

RM R-301 DIVISION OF VITAL STATISTICS The Commonwealth of Massachusetts Winthrop. (City or town) 8 Registered No. 137 Loring Road, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Sarah Ann Pepper (If U. S. War Veteran, specify WAR) No. 137 Loring Road, Ward, (If non-resident, give city or town and state) Length of residence in city or town where death occurred 17 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) 15 DATE OF DEATH 16 I HEREBY CERTIFY, That I attended deceased from that I last saw him alive on and that death occurred, on the date stated above, at 5 A. m. The CAUSE OF DEATH was as follows: (State fully) Chronic Myocarditis Chronic Interstitial Nephritis (duration) 1 yrs. + mos. ds. CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. 17 Where was disease contracted if not at place of death Did an operation precede death For what Date of operation Was there an autopsy What test confirmed diagnosis Personal Observation (Signed) Raymond B. Parker, M. D. (Address) Winthrop, Mass. Date Jan 14, 1929 18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Harmony Grove, Salem Jan 14, 1929. (Cemetery) (City or town) 19 UNDERTAKER ADDRESS Charles R. Beumison Winthrop Date of issue of permit 1/17/29 Permit No. 1255

200M 7-28 No. 2787-c

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH *Suffolk* County *Massachusetts* State *Winthrop* (City or town) *8* Registered No.

City or Town *Winthrop* No. *137 Loring Road* Ward *8* (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Sarah Ann Pepper* (If U. S. War Veteran, specify WAR)

(a) Residence. No. *137 Loring Road* *8* Ward, (If non-resident, give city or town and state)
Length of residence in city or town where death occurred *17* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) *Widowed*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Frederick W. Pepper*

6 AGE Years *81* Months *8* Days *20* IF LESS than 1 day,hrs. ormin.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. *At home.* (b) Name of employer

8 BIRTHPLACE (City) *Bear River* (State or country) *Nova Scotia*

9 NAME OF FATHER *James H. Carty*

10 BIRTHPLACE OF FATHER (City) *Nova Scotia* (State or country)

11 MAIDEN NAME OF MOTHER *Helen Potter*

12 BIRTHPLACE OF MOTHER (City) *Nova Scotia* (State or country)

13 Informant *John W. Pepper (son)* (Address) *137 Loring Road*

14 Filed *Jan 21/29* REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued *J. S. Childers* Official Health Officer

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *Jan 12 1929* (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *Jan 10*, 1929, to *Jan 12*, 1929, that I last saw him alive on *Jan 12*, 1929,

and that death occurred, on the date stated above, at *5 A.* m. The CAUSE OF DEATH was as follows: (State fully)

Chronic Myocarditis
Chronic Interstitial Nephritis
(duration) *1* yrs. + mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death Did an operation precede death For what

Date of operation Was there an autopsy

What test confirmed diagnosis *Personal Observation* (Signed) *Raymond B. Parker*, M. D.

(Address) *Winthrop, Mass.* Date *Jan 14, 1929*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL *Harmony Grove, Salem* *Jan 14, 1929.* (Cemetery) (City or town)

19 UNDERTAKER ADDRESS *Charles R. Beumison* *Winthrop*

Date of issue of permit *1/17/29* Permit No. *1255*

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebrospinal meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"; *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of, *lung*, *breast*, *peritoneum*, etc.; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 ds. "Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Typhemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith communicate it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying any cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

2-30-3
information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

16,967

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

(City or town)

County Suffolk State Mass Registered No. 9

City or Town Waltham No. 18 Vernon St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Catherine Brady

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. Waltham 18 Vernon St., Ward

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female White Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of John

6 AGE

Years

Months

Days

If less than
1 day, hrs.
or min.

70

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Housewife

(b) Name of employer

8 BIRTHPLACE (City)

Waltham

(State or country)

Mass

9 NAME OF

FATHER Bernard McGurn

10 BIRTHPLACE OF

FATHER (City) Ireland

(State or country)

11 MAIDEN NAME

OF MOTHER Ann Sheridan

12 BIRTHPLACE OF

MOTHER (City) Ireland

(State or country)

13 Informant Mrs. Gillespie

(Address)

Ocean View St

14 Filed Jan 15 1929
(Month) (Day) (Year)

REGISTRAR

20 Burial permit
issued by Wm. L. Childress

Official
position Health Officer

21 Date of
issue 1/14/29

Permit
No. 15083

15 DATE OF DEATH Jan 12-13 1929
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

Natural Cause: Cardio-
vascular disease (clinically
myocarditis)

[Found dead in bed]

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed) Samuel J. Maynard M.D.
(Address) [Signature]

Medical Examiner for Suffolk

Date Jan 13 1929
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL
St. Benedict Boston
(Cemetery) (City or town)

DATE OF BURIAL
1/15/29
(Month) (Day) (Year)

19 UNDERTAKER

John F. O'Malley

ADDRESS

Waltham

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

DESCRIPTION (for unknown person).....

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

received
Jan. 12-13, 1929.

STANDARD CERTIFICATE OF DEATH

Wickford
 (City or town)
 Registered No. 10
 No. 827 Shirley St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie, Louisa Stephens
 (If U. S. War Veteran, specify WAR)

(a) Residence. No. 827 Shirley St. St. Ward,
 (Usual place of abode)
 Length of residence in city or town where death occurred 11 years X months X days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5a If married, widowed or divorced HUSBAND of (or) WIFE of George Stephens		
6 AGE Years 71	Months 5	Days 10
IF LESS than 1 day,.....hrs. of.....min.		

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home
 (b) Name of employer

8 BIRTHPLACE (City) Webster Mass
 (State or country)

9 NAME OF FATHER Alexander Mitchell
 10 BIRTHPLACE OF FATHER (City) Hollisbury Conn
 (State or country)
 11 MAIDEN NAME OF MOTHER Lavinia Lillibridge
 12 BIRTHPLACE OF MOTHER (City) Annetta to Olan
 (State or country)

13 Informant Lavinia E. Johnson
 (Address) 827 Shirley St.

14 Filed 2/1/29
 (Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
 W. D. Childress
 Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 13 1929
 (Month) (Day) (Year)
 16 I HEREBY CERTIFY, That I attended deceased from Jan 12 1929 to Jan 13 1929
 that I last saw her alive on Jan 12 1929
 and that death occurred, on the date stated above, at 2 A. m.
 The CAUSE OF DEATH was as follows: (State fully)

Chronic myocarditis
 Chronic parathyroid hyperplasia
 (duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)
 (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis Personal Examination

(Signed) Raymond B. Parker, M. D.

(Address) Wintthrop Mass.

Date Jan 14 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
 Webster Webster Mass
 (Cemetery) (City or town)

DATE OF BURIAL
 Jan 16/29

19 UNDERTAKER
 C. R. Benson

ADDRESS
 Wintthrop

Official position Health Officer Date of issue of permit 1/14/29 Permit No. 1554

(Approved by U. S. Census and American Public Health Association)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. . . . *Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. . . . *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonitis*, etc., *Chancetoma, Sarcoma*, etc., of (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inconcurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 days. Never report more symptoms or terminal conditions, such as "Aschemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concomitant," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERINEAL, SEPTICEMIA," "Puerperal, peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, myocardial, necrosis, peritonitis, phlebitis, pyemia, pyæmicæmia, tetanus.

IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS AND EXTRACTS FROM THE LAWS ON BACK OF CERTIFICATE.

200,000 9-25 NO. 2662 3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Town of Winthrop
BOSTON
(City or town)

1 PLACE OF DEATH

County

SuffolkState MassachusettsRegistered No. 11

City or Town

Boston

No. Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Holland

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 315 Beach St.

St.,

Ward RoomMass.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MaleWhiteSingle

5a If married, widowed or divorced
HUSBAND of _____
(or) WIFE of _____

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop, Mass

(State or country)

9 NAME OF FATHER

Gordon F. Holland

10 BIRTHPLACE OF FATHER (City)

Boston

(State or country)

Mass

11 MAIDEN NAME OF MOTHER

Isabel M. O'Say

12 BIRTHPLACE OF MOTHER (City)

Boston, Mass

(State or country)

PARENTS

13

Informant

Gordon F. Holland

(Address)

315 Beach St. Room 1105

14

Filed

Jan 21/29

(Month)

(Day)

(Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. J. Aldridge

15 DATE OF DEATH

Jan 17 1929

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 17, 1929, to Jan 17, 1929

that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Stillborn

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy?

If under one year, was infant Breast Fed? _____

What test confirmed diagnosis?

(Signed)

Wm. J. Aldridge

M. D.

(Address)

43 Nahant

Date

Jan 17, 1929

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Jan. 18-29

19 UNDERTAKER

George P. Merwin

ADDRESS

33 School St

Official position

Health Officer

Date of issue

of permit

1/18/29

Permit

NO. 1506

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 8 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastatic*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc.; "....." (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body... until he has received a permit from the board of health or its agent. ... or... from the clerk of the town where the person died;... No such permit shall be issued until there shall have been delivered to such board, agent or clerk... a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. ... The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State

Registered No. **805**

(Place of death)

City or town **Boston**Registered No. **12**

(Place of residence)

No. **MASS. HOMEOPATHIC HOSPITAL** St., **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME **THOMAS DAVIS**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**
(Usual place of abode)City or Town **WINTHROP** No. **287 SHIRLEY** St.

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) **M.**

5a If married, widowed, or divorced

Name of { HUSBAND **EVA**
(or) WIFE6 AGE Years **64** Months Days If LESS than
1 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work **TAILOR**

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country) **RUSSIA**9 NAME OF
FATHER**PINKUS DAVIS**10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

RUSSIA11 MAIDEN NAME
OF MOTHER**UNKNOWN**12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

RUSSIA

13

Informant **M. CHERMY**(Address) **83 KERWOOD ST. BROOKLINE**14 Filed **JAN 22**, 1929 **E. W. M. Glenew**
Registrar of city or town where death occurredFiled **JAN 25**, 1929
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JAN 18, 1929** 1928
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
JAN 8, 19**29**, to **JAN 18**, 19**29**that I last saw him **IM** alive on **JAN 18**, 19**29**and that death occurred, on the date stated above, at **11 P** m.
The CAUSE OF DEATH was as follows: (State fully)**CHRONIC CHOLECYSTITIS AND
OPERATION THEREFORE**

(duration) yrs. mos. ds.

CONTRIBUTORY **HYPOSTATIC PNEUMONIA**
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of deathDid an operation precede death **YES** For what **CHRONIC**Date of operation **1-9-29** **CHOLECYSTITIS**

Was there an autopsy

What test confirmed diagnosis

(Signed) **H. F. POLLOCK**, M. D.

(Address)

Date **JAN 19, 1929**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

EVERETT JEWISH CEM.
(Cemetery) (City or town)

DATE OF BURIAL

1-20-29, 192**9**

ADDRESS

19 UNDERTAKER

M. STANETSKY

may be properly classified. Exact statement of OCCUPATION is very important.

Monroe House

Jan. 18, 1929

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County SuffolkState Mass

(City or town)

Registered No. 13City or Town WinthropNo. 39 Waldemar Ave

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine A. Ward

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 39 Waldemar Ave/

St.

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)Female WhiteMarried5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofJohn E.

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.77

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife

(b) Name of employer

8 BIRTHPLACE (City) Boston

(State or country)

Mass9 NAME OF
FATHERPatrick Brennan10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland11 MAIDEN NAME
OF MOTHERConley12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant
(Address)Walter Ward
39 Waldemar Ave

14

Filed Jan 29 29
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
positionDate of
issue
of permit

Permit

No. 151

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January 20 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

, 1929, to

Jan 20

1929.

that I last saw her alive on

Jan 20

, 1929.

and that death occurred, on the date stated above, at 1.30 A m.
The CAUSE OF DEATH was as follows: (State fully)Carcinoma of
the intestines & liver
(duration) 1 yrs. mos. ds.CONTRIBUTORY
(Secondary)Hypostatic pneumonia
1 week (duration) 6 mos. ds.17 Where was disease contracted
if not at place of deathDid an operation precede death no For what

Date of operation

Was there an autopsy noWhat test confirmed diagnosis Physical signs
(Signed) D. J. O'Brien M. D.

(Address)

78 Washington Ave
Winthrop Mass

Date

January 20, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St Marys
(Cemetery)

(City or town)

1/22/29

19 UNDERTAKER

ADDRESS

John F O'MalleyWinthrop

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Spinner*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Typhemia," "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, fastiditis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any way in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State _____

City or town **Boston**No. **CHILDRENS HOSPITAL**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **866**

(Place of death)

Registered No. **14**

(Place of residence)

St., _____ Ward _____

2 FULL NAME **MORRIS SNYDER**(a) Residence. State **MASS.**
(Usual place of abode)City or Town **WINTHROP**No. **258 SHIRLEY**

St. _____

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.	4 COLOR OR RACE W.	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
--------------------	------------------------------	---

5a If married, widowed, or divorced
Name of { **HUSBAND**
(or) WIFE

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	8		

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**
(State or country) **MASS.**

PARENTS

9 NAME OF
FATHER **MAX**10 BIRTHPLACE OF
FATHER (city or town)
(State or country)**RUSSIA**11 MAIDEN NAME
OF MOTHER**ETHEL SCORE**12 BIRTHPLACE OF
MOTHER (city or town)
(State or country)**RUSSIA**13 Informant **FATHER**
(Address) **258 SHIRLEY ST. WINTHROP**14 Filed **JAN 23**, 19 **29** **E. W. M. Glenew**
Registrar of city or town where death occurredFiled **JAN 25**, 19 **29**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JAN 20, 1929** **XXX**
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
JAN 20, 19 **29** to **JAN 20**, 19 **29**that I last saw h **IM** alive on **JAN 20**, 19 **29**and that death occurred, on the date stated above, at **9 P**
The CAUSE OF DEATH was as follows: (State fully)**BRONCHO PNEUMONIA****TONSILLITIS AND SEPTICEMIA**(duration) _____ yrs. _____ mos. **3** ds.CONTRIBUTORY **MONGOLIAN IDIOT**
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death _____ For what _____

Date of operation _____

Was there an autopsy _____

What test confirmed diagnosis _____

(Signed) **J. W. WILSON**, M. D.

(Address) _____

Date **JAN 21, 1929**18 PLACE OF BURIAL, CREMATION, OR REMOVAL **CIRCLE** DATE OF BURIAL
INDEPENDENT WORKING MAN **1-21-29**, 19 **XX**
(Cemetery) **W. ROX** (City or town)

19 UNDERTAKER

B. SCHLOSSBERG

ADDRESS

118 vna singler

Jan. 20, 1929

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

16.987.

Medical Examiner's Certificate of Death

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County

Suffolk

State

Registered No.

15

City or Town

Wintrop

No.

87 Pleasant

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frank de Silva

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Melrose, 93 Meridian

St.,

Ward.

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Jamie Wilson

6 AGE

Years

70

Months

10

Days

25

If less than
1 day, ... hrs.
or ... min.

or ... min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Singer

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Boston
Mass

9 NAME OF
FATHER

Unknown

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Portugal

11 MAIDEN NAME
OF MOTHER

Portugal

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13 Informant

(Address)

Mr. Gordon de Silva
93 Meridian St. Melrose

14 Filed

(Month) (Day) (Year)

Jan. 26/29

REGISTRAR

20 Burial permit
issued by

Official
position

21 Date of
issue

20/29

Permit
No.

2

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

Jan 20 1929

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

Natural Cause: Cardio-vascular disease.

(Sudden Sudden)

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed) J. B. Ryan, M.D.

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

Jan 20 1929

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Cemetery

Melrose

(City or town)

DATE OF BURIAL

(Month) (Day) (Year)

19 UNDERTAKER

J. S. Waterman, Low

ADDRESS

Boston

RETURN OF CERTIFICATES OF DEATH

DESCRIPTION (for unknown person)

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)," "Heart disease, presumably coronary sclerosis. (Sudden death)."

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Jan. 20, 1929

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or town)

County SuffolkState Mass.Registered No. 16City or Town WinthropNo. 180 WinthropSt., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Horace John Soule

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 180 WinthropSt., WardWard, Winthrop

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male4 COLOR OR RACE White5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married15 DATE OF DEATH Jan 21 1929

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of Margaret L. Soule

(or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from

Jan 20, 1929, to Jan 21, 1929.that I last saw him alive on Jan 21, 1929.and that death occurred, on the date stated above, at 8:30 P. m.
The CAUSE OF DEATH was as follows: (State fully)Bronch pneumonia

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Physician

(b) Name of employer

(duration) yrs. mos. ds.

CONTRIBUTORY Myocarditis

(Secondary)

(duration) ds. yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death Yes. For what

Date of operation

Was there an autopsy YesWhat test confirmed diagnosis Chemical(Signed) T. W. Wharton, M. D.(Address) Winthrop, Mass.Date 1/23/29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop
(Cemetery)Winthrop
(City or town)Jan 23, 1929

19 UNDERTAKER

ADDRESS

Long & Margeson Winthrop

Official position

Date of issue of permit

Permit No. 1500

PARENTS

13 Informant Mrs. Margaret L. Soule(Address) 180 Winthrop St.

14

Filed Jan 26 1929

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

information should be carefully secured, so that it may be properly classified. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *physician*, *compositor*, *architect*, *locomotive engineer*, *civil engineer*, *stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Forman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "foreman," "manager," "dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *housewife*, *housework*, or *at home*, and children, not gainfully employed, as *At school* or *at home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *cook*, *housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of "....." (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or incurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic) "Antrony," "Gollapne," etc.), "Coma," "Convulsions," "Debility" ("Congenital," "Senile," "Infantile," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childhood or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

(City or town)

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME (instead of street and number))

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

St.

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,

or DIVORCED (write the word)

15 DATE OF DEATH

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than

1 day, hrs.

or min.

16 I HEREBY CERTIFY, That I attended deceased from

Feb. 4, 1928, to Jan 21, 1929.

that I last saw her alive on Jan 21, 1929

and that death occurred, on the date stated above, at 12:00 p. m.

The CAUSE OF DEATH was as follows: (State fully)

Myocarditis

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13 Informant

(Address)

14 Filed

(Month)

(Day)

(Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-

ard certificate of death was filed with me

BEFORE the burial or transit permit was issued

Official

Health Office

Date of

issue

of permit

ADDRESS

DATE OF BURIAL

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

19 UNDERTAKER

(City or town)

Permit

No.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The maternal worked on may form part of the second statement. Never return "Laborer," "Porter," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home, who receive a definite salary), may be entered as *Housekeepers* or *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meadles*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated, unless important. Example: *Meadles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, whose name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemias), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Worcester
City or town Wintrow

State Massachusetts
No. Wintrow Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 29
(Place of death)

Registered No. Wintrow
(Place of residence)

2 FULL NAME

(a) Residence. State Mass
(Usual place of abode)

City or Town Wintrow No. 57 Nehalem

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred 8 years 18 months 18 days.

How long in U. S., if of foreign birth? 45 years — months — days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 AGE Years 84 Months — Days — If LESS than 1 day, — hrs. — min.

7 STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) Name of employer —

8 BIRTHPLACE (city or town)

(State or country) Quebec Canada

9 NAME OF FATHER Unascertained

10 BIRTHPLACE OF FATHER (city or town) Canada
(State or country)

11 MAIDEN NAME OF MOTHER Amelia Woragulen

12 BIRTHPLACE OF MOTHER (city or town) Canada
(State or country)

13 Informant Wintrow Hospital
(Address) Wintrow Mass

14 Filed Jan 23, 1929 Joseph J. Gater
Registrar of city or town where death occurred

Filed —, 19—
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 21 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 2, 1920, to Jan 21, 1929, that last saw her alive on Jan 21, 1929, and that death occurred, on the dated stated above, at 9.45 a. m. The CAUSE OF DEATH was as follows:

Cardio-Vascular Renal Disease
(duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)

(duration) — yrs. — mos. — ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy findings

(Signed) Rollin V. Hadley, M. D.

(Address) Wintrow Mass
Date Jan 21 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Wintrow
(Cemetery) (City or town)

DATE OF BURIAL Jan 22 1929

19 UNDERTAKER B.A. Rollins
ADDRESS East Boston Mass

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases*, *peritonem*, etc., *Carcinoma*, *Sarcoma*, etc., of, (malignant neoplasms); *Cancer* is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic reticular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 28 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, calliculitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemias), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk State Mass Registered No. 20
 County Wintthrop No. 16 Thornton Pk St., Ward
 City or Town (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Emma Rogers
 (If U. S. War Veteran, specify WAR)
 (a) Residence. No. 16 Thornton Park St., Ward,
 (Usual place of abode) (If non-resident, give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel M Rogers
 6 AGE Years 72 Months 11 Days 24 IF LESS than 1 day, hrs. 23 or min.
 IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired
 (b) Name of employer

8 BIRTHPLACE (City) Wintthrop
 (State or country) R. I.

PARENTS

9 NAME OF FATHER Peter Simpson
 10 BIRTHPLACE OF FATHER (City) Canada
 (State or country) unable to obtain
 11 MAIDEN NAME OF MOTHER Maria Follett
 12 BIRTHPLACE OF MOTHER (City) Cumberland R. I.
 (State or country) unable to obtain

13 Informant (Address) Mr and Mrs J. L. Rogers
16 Thornton Pk. Wintthrop

14 Filed Jan 26/29
 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 24 1929
 (Month) (Day) (Year)
 16 I HEREBY CERTIFY, That I attended deceased from Jan 10 1929, to Jan 24 1929
 that I last saw him alive on Jan 23 1929
 and that death occurred, on the date stated above, at 2:15 A. m.
 The CAUSE OF DEATH was as follows: (State fully)

Chronic Myocarditis
Chronic Interstitial Nephritis
 (duration) yrs. 6 mos. + ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death
 Did an operation precede death no For what

Date of operation
 Was there an autopsy no

What test confirmed diagnosis Cerebral Abscess
 (Signed) Raymond B Parker M. D.
 (Address) 148 Wintthrop St
 Date Jan 24 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
 (Cemetery) (City or town) Jan 25/29

19 UNDERTAKER ADDRESS
Walter J. Dwyer

Official position Health Officer Date of issue 11 Permit No. 1562

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a simple word or term on the first line will be sufficient, e. g., *Farmer* or *Plowman*; *Physician*, *Stationery fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Crocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return *Laborer*, *Foreman*, *Manager*, *Dealer*, etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mucosae*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meadles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. (Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," etc.). "Coma," "Convulsions," "Debility," "Congestional," "Senile," "Maniac," "Convulsions," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicaemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten or chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, with the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

RM R-301
PHYSICIANS should state
state EXACTLY. Exact statement of OCCUPATION
AGE should be properly classified. Exact statement of OCCUPATION
CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.
information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION
CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. - mos.

days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant
(Address)

14

Filed
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
position

Health officer

Date of
issue

of permit 4/30/29

Permit
No.

1563

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Jan 8

1929, to

Jan 24

1929

that I last saw her alive on

Jan 24

1929

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of the Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death. No For what.

Date of operation

Was there an autopsy. No

What test confirmed diagnosis Enlargement of uterus

(Signed) Harry C. Clark M. D.

(Address) 183 W. Common St

Date Jan. 25 1929.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

ADDRESS

19 UNDERTAKER

Charles H. Bennett

Worcester

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary steamman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinster*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*, Care should be taken to report specifically the occupations of persons engaged in domestic services for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease, CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Pneumia," "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original inquest, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

NEWTON

(City or town)

1 PLACE OF DEATH

County NEWTON

State MASS.

City or town NEWTON

No. 45 Waban

St., 1 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 65

(Place of death)

Registered No. 30

(Place of residence)

2 FULL NAME

John Mawat Sutherland

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass

City or Town Winthrop No. 37 Siren

St.

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? 38 years 6 months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Lillian V Edgins

6 AGE

Years

62

Months

5

Days

17

If LESS than

1 day, hrs.

or min.

☐ STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Contractor

(b) Name of employer

8 BIRTHPLACE (city or town)

Orkney

(State or country)

Scotland

9 NAME OF
FATHER

Donald Sutherland

10 BIRTHPLACE OF
FATHER (city or town)

Edinburgh

(State or country)

Scotland

11 MAIDEN NAME
OF MOTHER

Jane Groat

12 BIRTHPLACE OF
MOTHER (city or town)

Orkney

(State or country)

Scotland

13

Informant K R Bresee

(Address) 45 Waban St. Newton Mass

14

Filed Jan 29, 1929

Filed Feb. 12, 1929

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan 25 1929

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Jan 23, 1929, to Jan 25, 1929,

that I last saw him alive on Jan 24, 1929,

and that death occurred, on the dated stated above, at 12:30 a.m.

The CAUSE OF DEATH was as follows:

Carcinoma of Liver

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(SECONDARY)

Arterio Sclerosis

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Warren W Marston, M. D.

(Address) Newton Mass

Date Jan 25 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mount Hope

(Cemetery)

Boston

(City or town)

DATE OF BURIAL

Jan 27, 1929

19 UNDERTAKER

Robert Bell

ADDRESS

Brookline

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name or origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphensia," "Anemia," (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by or for the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish, for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. — *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

17,009

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 22
 City or Town Wentworth No. 15 Revere St., Revere Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Patrick Connolly
 (a) Residence. No. Wentworth 15 Revere St., Revere Ward.
 (Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a If married, widowed, or divorced
 HUSBAND of Mary Grelish
 (or) WIFE of

6 AGE Years 65 Months Days If less than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Gardener
 (b) Name of employer

8 BIRTHPLACE (City) Ireland
 (State or country)

9 NAME OF FATHER William

10 BIRTHPLACE OF FATHER (City) Ireland
 (State or country)

11 MAIDEN NAME OF MOTHER Nora Vail

12 BIRTHPLACE OF MOTHER (City) Ireland
 (State or country)

13 Informant William Moriarty
 (Address) 15 Revere St

14 Filed Jan 30, 1929
 (Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by Wm. L. Childress

Official position Health Officer

21 Date of issue 1/28/29

Permit No. 1565

15 DATE OF DEATH Jan 26 1929
 (Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Reddening of the brain (pernial)
and other effects of the use
of alcohol.

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Dr. J. J. Connelley M.D.
 (Address)

Medical Examiner for Suffolk

Date Jan 26 1929
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Clermont Boston
 (Cemetery) (City or town)

DATE OF BURIAL 1/23/29
 (Month) (Day) (Year)

19 UNDERTAKER John F. O'Malley Wentworth
 ADDRESS

RETURN OF CERTIFICATES OF DEATH

... No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 58, Sec. 7.*

(3) Medical examiners will investigate and certify to all deaths supposedly due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)," "Heart disease, presumably coronary sclerosis. (Sudden death)."

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

City or Town

Boston

No.

507

Pleasant

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William Shannon

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

507 Pleasant

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Stattie Wood

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

87

6

19

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) Name of employer

8 BIRTHPLACE (City)

S. O. Boston, Mass

(State or country)

9 NAME OF FATHER

Unknown

10 BIRTHPLACE OF FATHER (City)

(State or country)

Portland

11 MAIDEN NAME OF MOTHER

Unknown

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Scotland

13

Informant

Frances M. Winnie

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. L. Childress

4-2

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan

26

1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Jan 24, 1929, to Jan 26, 1929,

that I last saw him alive on Jan 26, 1929,

and that death occurred, on the date stated above, at 5:45 P. m.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia.

(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

If under one year was infant Breast Fed

What test confirmed diagnosis? Physical Examination

(Signed) Raymond B. Baker, M. D.

(Address) Woburn Mass

Date Jan 27 1929

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Burial

(Cemetery)

(City or town)

DATE OF BURIAL

Jan 31, 1929

19 UNDERTAKER

William R. Waller

ADDRESS

506

Official position

Health Officer

Date of issue of permit

4/28/29

Permit NO.

1264

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (tumor origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*, *Whooping cough*; *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *89 da*; *Bronchopneumonia* (secondary), *10 da*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 8.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths suspiciously due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass. Registered No. 24
 City or Town Wentworth No. 103 River Rd. St. Wentworth
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Brandt
 (If U. S. War Veteran, specify WAR)
 (a) Residence. No. 103 River Rd., St. Wentworth
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5a If married, widowed, or divorced
 HUSBAND of Mary E. McLaughlin
 (or) WIFE of
 6 AGE Years 54 Months Days IF LESS than
 1 day,hrs. ormin.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Salesman
 (b) Name of employer

8 BIRTHPLACE (City) Charlestown
 (State or country) Mass.

9 NAME OF FATHER Christian
 10 BIRTHPLACE OF FATHER (City) Norway
 (State or country)
 11 MAIDEN NAME OF MOTHER Marie Nelson
 12 BIRTHPLACE OF MOTHER (City) Norway
 (State or country)

13 Informant Charles Brandt
 (Address) 103 River Road

14 Filed Jan 30/29
 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. Wm. Childs Official position Health Officer

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January 27 1929
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1929, to Jan. 27, 1929.
 that I last saw him alive on Jan 27, 1929.

and that death occurred, on the date stated above, at 8:27pm.
 The CAUSE OF DEATH was as follows: (State fully)

Broncho - pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death. no For what

Date of operation no

Was there an autopsy. no

What test confirmed diagnosis clinical
 (Signed) Jacob J. Abrams M.D.

(Address) 562 Shirley Street

Date Jan. 28/29 Wentworth Mass.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden
 (Cemetery) (City or town)

DATE OF BURIAL

1/30/29

19 UNDERTAKER

John F. O'Malley Wentworth

ADDRESS

Date of issue of permit 1/27/29 Permit No. 1567

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care children, not gainfully employed, as *At school* or *At home*. Persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia, unqualified, is indefinite"; *Tuberculosis of lungs, meningitis, peritoneum*, etc.); *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 23 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asbestoma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

RM R-301

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 25
City or Town Wintthrop No. 206 Bartlett Rd St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clara E. Lindsey
(If U. S. War Veteran, specify WAR)
(a) Residence. No. 206 Bartlett Road St. 2 Ward,
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widowed
5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Lindsey
6 AGE Years 75 Months 11 Days 23 IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Harrington
(State or country) Maine

9 NAME OF FATHER Abner Randall

10 BIRTHPLACE OF FATHER (City) Harrington
(State or country) Maine

11 MAIDEN NAME OF MOTHER Margaret Nash

12 BIRTHPLACE OF MOTHER (City) Maine
(State or country)

13 Informant Daughter Mrs. Ralph H. Philbrook
(Address)

14 Filed Jan 31/29
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. S. Childress Official position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 28 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Jan 28, 1929, that I last saw her alive on Jan 28, 1929, and that death occurred, on the date stated above, at 3:15 P m. The CAUSE OF DEATH was as follows: (State fully)

Chronic myocarditis
Chronic pericarditis
Chronic nephritis
(duration) yrs. 2 mos. + ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis Prural Abortion

(Signed) Raymond B. Parker M. D.

(Address) Wintthrop Mass

Date Jan. 29, 1929.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood Cemetery Wintthrop
(Cemetery) (City or town)

19 UNDERTAKER ADDRESS

Wm. S. Childress Date of issue 4/27/29 Permit No. 1566

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Miner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*, for persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same condition. Examples: *Cerebrospinal fever* (the only definite synonym is Epidemic cerebrospinal meningitis); *Diphtheria* (avoid use of Group); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia, unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*; *Cerebrum*, *Sarcoma*, etc., of "tumor" (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. "Never report mere symptoms or terminal conditions, such as "Asbestoma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chills, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death stating to the best of his knowledge and belief he died, defined as deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 3.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent upon receipt of such statement and certificate, shall forthwith register it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

1-3011
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
200,000, 9-26, NO. 6373
N. B. - While parents, with one parent dead, are living, the child must be properly classified - placed. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified - placed.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop

1 PLACE OF DEATH

County

suffolk

State

Mass

(City or town)

Registered No.

City or Town

Winthrop

No.

14 Belcher St.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John David LeVangie

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

14 Belcher St.

St.

Ward,

(If non-resident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Helen G. DeLorey

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

68

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Gardener

(b) Name of employer

8 BIRTHPLACE (City):

Antigonish

(State or country)

Nova Scotia

9 NAME OF
FATHER

Jeremiah

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Nova Scotia

11 MAIDEN NAME
OF MOTHER

Ellen Drew

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Nova Scotia

13

Informant

Ambrose LeVangie

(Address)

14 Belcher St.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

January 30 1929.

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

January 2, 1929 to January 30, 1929

that I last saw him alive on January 29, 1929

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH was as follows: (State fully)

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Senility

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

no

For what

Date of operation

Was there an autopsy

no

What test confirmed diagnosis

clinical & laboratory

(Signed)

Just J. G. G. M.D.

(Address)

602 Shirley Street, Weymouth

Date

January 30, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Joseph's Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

2/1/29

19 UNDERTAKER

John P. O'Malley

ADDRESS

Winthrop

Official
position

Date of
issue

1/30/29

Permit
No.

15668

ENTRANCE
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metinges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric*; *Wandering*; *Chronic adnalar heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), 29 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL ECLAMPSIA," "PERIPERAL PERITONITIS," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

(City or town)

St., 27 Ward

No. 115

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

January 18, 1929, to January 31, 1929,

that I last saw him alive on January 30, 1929

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH was as follows:

Ecthelioma of left
temporal region

(duration) 5 yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. 6 mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Oswald E. Johnson, M. D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Official
positionDate of
issue

of permit

Permit
NO.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Steel engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*;

(a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died: . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained easily enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **prospectively due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

17,019.

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 88)

Winthrop.
(City or town)

1 PLACE OF DEATH

County Suffolk. State Mass. Registered No. 28
 City or Town Winthrop. No. Winthrop Community Hospital. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DOMENICO PICONE

(a) Residence. No. 406 Revere Street. (If in the Army or Navy of the United States, give rank, organization, etc.)
 (Usual place of abode) St., Ward. Revere. (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Catalano
 6 AGE "66" Years Months Days If less than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant Don John Picone(Address) 436 Revere St. Revere

14

Filed Feb 5/29

(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by Wm H. ChildressOfficial position Agent21 Date of issue 2/2/29Permit No. 1570

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH January 31, 1929.

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Injuries of the head includ-
ing intracranial damage caused
by a motor vehicle accident.
(Pedestrian.)

(See reverse side for description for unknown person)

17 Where was injury sustained
~~It was at~~ place of death?(Signed) John E. Quinn, M.D.(Address) 274 Boylston Street.Medical Examiner for Suffolk County.Date February 2, 1929.

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross
(Cemetery)W. Maiden
(City or town)

DATE OF BURIAL

Feb. 3-1929
(Month) (Day) (Year)

19 UNDERTAKER

R. D. Guarante

ADDRESS

Boston

Jan. 31, 1929

... No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 58, Sec. 7.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)," "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

2
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

State Infirmary

Tewksbury, Mass.
(City or town)

1 PLACE OF DEATH

County Middlesex State Mass.
City or town State Infirmary No. State Infirmary St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 71
(Place of death)
Registered No. 50
(Place of residence)

2 FULL NAME Christie A. Wood

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass City or Town Winthrop No. St.
(Usual place of abode)

Length of residence in city or town where death occurred 3 years 10 months 1 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

15 DATE OF DEATH February 1, 1929
(Month) (Day) (Year)

5a If married, widowed, or divorced Levi J. Wood
HUSBAND of (or) WIFE of Not learned

16 I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1925 to Feb. 1, 1929

that I last saw her alive on Feb. 1, 1929
and that death occurred, on the dated stated above, at 8:10 P.m.
The CAUSE OF DEATH was as follows:

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
65 10 25

Arteriosclerosis

7 STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) Name of employer

--- (duration) yrs. mos. ds.

8 BIRTHPLACE (city or town) Cape Travers, Not learned
(State or country) P. E. I.

CONTRIBUTORY (SECONDARY) ---
(duration) yrs. mos. ds.

9 NAME OF FATHER James Howatt
Not learned

17 Where was disease contracted if not at place of death?

10 BIRTHPLACE OF FATHER (city or town) Cape Travers
(State or country) P. E. I.

Did an operation precede death? No Date of

11 MAIDEN NAME OF MOTHER Janet Macpherson
Not learned

Was there an autopsy? No

12 BIRTHPLACE OF MOTHER (city or town) Cape Travers
(State or country) P. E. I.

What test confirmed diagnosis? ---
(Signed) George A. Peirce, M. D.

13 Informant Hospital Records
(Address) STATE INFIRMARY, TEWKSBURY

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Cem. Winthrop
(Cemetery) (City or town)

DATE OF BURIAL 2/4/29

14 Filed Feb. 2, 1929
Registrar of city or town where death occurred

19 UNDERTAKER A.E. Long & Son
ADDRESS Cambridge

Filed Mar. 23, 1929
Registrar of city or town where deceased resided

Ms. A. 17. 21

R-3011
200,000, 9-26, NO. 6373
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or town)

Registered No.

City or Town

No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred

years 4 months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

15 DATE OF DEATH

(Month)

(Day)

(Year)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from

Dec. 10, 1928, to January 25, 1929

that I last saw him alive on January 25, 1929

and that death occurred, on the date stated above, at 9:15 a. m.
The CAUSE OF DEATH was as follows: (State fully)

6 AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.

Chronic Interstitial
nephritis

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

CONTRIBUTORY
(Secondary)

8 BIRTHPLACE (City)

(State or country)

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

PARENTS

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

19 UNDERTAKER

ADDRESS

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. H. Childress

Official
position

Agent

Date of
issue
of permit

2/3/29

Permit
No.

1571

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plasterer*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soldierman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asheimia," "Anemia" (mere synonymic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicemic," "Puerperal, peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

200M 7-28 No. 2787-c
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

(City or town)

Registered No.

33

City or Town

Winchester

No.

206 Lincoln

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Albion Richardson Campbell

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

206 Lincoln

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

Widower

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Adeline E. Green

6 AGE

Years

70

Months

8

Days

3

IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Salesman

(b) Name of employer

8 BIRTHPLACE (City)

Eden

(State or country)

Mass

9 NAME OF FATHER

John Campbell

10 BIRTHPLACE OF FATHER (City)

Eden

(State or country)

Mass

11 MAIDEN NAME OF MOTHER

Margaret Tanwood

12 BIRTHPLACE OF MOTHER (City)

Eden

(State or country)

Mass

13

Informant

Walter C. Campbell

(Address)

206 Lincoln St

14

Filed

Feb 13, 1929

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

Health Officer

Date of issue of permit

2/6/29

Permit No.

1573

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Jan 4

1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Jan 23, 1929

to

Feb 4

1929

that I last saw him alive on

Feb 3

1929

and that death occurred, on the date stated above, at 5:45 A m. The CAUSE OF DEATH was as follows: (State fully)

Bronchitis

(duration) yrs. mos. ds. 10 ds.

CONTRIBUTORY (Secondary)

Myocarditis

(duration) 2 yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death? No For what.

Date of operation

No

Was there an autopsy

No

What test confirmed diagnosis

Clinical

(Signed) Owen E. Johnson, M. D.

(Address)

123 Brimley St

Date

Feb 4 - 1929

Winthrop Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop Winthrop

Feb 7/1929

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Mrs R. Johnson

Winthrop

Feb. 4. 1929
Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is Epidemic cerebrospinal meningitis); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. (Never report mere symptoms or terminal conditions, such as "Asplenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemiplegia," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chills, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons, as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

17,03
Winthrop
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 34
City or Town Winthrop Winthrop San Mount Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Linna E. Horton
(a) Residence. No. Winthrop : 175 Winthrop St. Ward.
(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred 43 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6a If married, widowed or divorced HUSBAND of Clarence A. Horton
(or) WIFE of
6 AGE Years 58 Months Days If less than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) Name of employer

8 BIRTHPLACE (City) Tramingham
(State or country) Massachusetts

9 NAME OF FATHER Charles Fisher

10 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

11 MAIDEN NAME OF MOTHER Isabelle S. Bartlett

12 BIRTHPLACE OF MOTHER (City) Paris
(State or country) Maine

13 Informant Clarence A. Horton (son)
(Address) 175 Winthrop St.

14 Filed Feb 13/29
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by Wm. L.

Official position Health officer

21 Date of issue 2/6/29

Permit No. 1572

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 4 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Internal injuries with associated status ileus and pneumonia caused by an accidental fall from height (2d story fire escape).

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) Levy Eugene Bennett M.D.
(Address)

Medical Examiner for Suffolk

Date Feb 5 1929
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL Feb 7 1929
(Month) (Day) (Year)

19 UNDERTAKER Charles R. Benneen Winthrop
(Address)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

Anna C. Morrison
Jul. 4. 1929

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 10.2662-3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON
(City or town) 35
Registered No.

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Winthrop

No.

Winthrop Community Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Somers

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

St.,

Ward.

Winthrop

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Winthrop, Mass.

9 NAME OF
FATHER

Joseph Somers

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

11 MAIDEN NAME
OF MOTHER

Rose Baran

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

13

Informant

(Address)

Winthrop Community Hospital

14

Filed

Feb. 12/29
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. L. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb. 7, 1929
(Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____,

that I last saw h _____ alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Still born

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds

17 Where was disease contracted
if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed)

(Address)

Date

Feb. 7, 1929
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official
position

Health Officer

Date of
issue
of permit

2/7/29

Permit
NO.

15-74

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housework*, but who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 28 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Drema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastric, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septiciæmia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully classified and placed in its proper category. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. Wintthrop
City or Town Wintthrop No. 379a Pleasant St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ulice Barbour
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 379a Pleasant St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 14 years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days.
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5a If married, widowed or divorced HUSBAND of (or) WIFE of John Barbour
6 AGE Years 75 Months _____ Days _____ IF LESS than 1 day, _____ hrs. or _____ min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer _____

8 BIRTHPLACE (City) Salem (State or country) Massachusetts

9 NAME OF FATHER Richard Welch

10 BIRTHPLACE OF FATHER (City) Ireland (State or country)

11 MAIDEN NAME OF MOTHER Ulice Savage

12 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

13 Informant Mrs Ulice Moriarty (Address) 379a Pleasant St

14 Filed Feb 11 1929 (Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm H. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH February 8 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from January 16 1929 to February 8 1929
that I last saw her alive on Feb. 8 1929
and that death occurred, on the date stated above, at _____
The CAUSE OF DEATH was as follows: (State fully) 2:30 P.M.

Chronic Interstitial Nephritis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Senility
(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death _____

Did an operation precede death no For what _____

Date of operation _____

Was there an autopsy no

What test confirmed diagnosis clinical & laboratory

(Signed) Jacob A. Abrams M.D.

(Address) 562 Stanley Street, Wintthrop

Date February 8/29 Man

18 PLACE OF BURIAL, CREMATION, OR REMOVAL north Burial Prov. R. S. (City or town)
(Cemetery)

DATE OF BURIAL

Feb 11/29

19 UNDERTAKER William T. Bulger Inc

ADDRESS

591 - 13th Ave
SS. Boston

Official position Agent Date of issue of permit 2/11/29 Permit No. 15-24

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with relation to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misarrangings, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Winthrop
BOSTON

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

(City or town)

City or Town

Boston

No.

248 Shirley

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Francesca Madonna

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

248 Shirley

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

2

Months

Days

11

IF LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)
(State or country)

Winthrop Mass

9 NAME OF
FATHER

Pasquale Madonna

10 BIRTHPLACE OF
FATHER (City)
(State or country)

Italy

11 MAIDEN NAME
OF MOTHER

Lucia Antorci

12 BIRTHPLACE OF
MOTHER (City)
(State or country)

Italy

13 Informant
(Address)Pasquale Madonna (father)
248 Shirley St. Winthrop14 Filed
(Month) (Day) (Year)

Feb 13/29

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb 11 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Feb 3-29 1929, to Feb 11 1929

that I last saw her alive on

Feb 11 1929

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

Acute Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death. No For what

Date of operation

Was there an autopsy. No

If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed)

E. J. Madonna M. D.
26 Berkeley St. East Boston

(Address)

Date

Feb 11 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St Michael Cemetery (Forest Hill)
(Cemetery) (City or town)

DATE OF BURIAL

Feb. 13/1929

19 UNDERTAKER

Patsy Papino

ADDRESS

92 Calista St
East Boston20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedW. L. Childers
4-5Official
position

Health Officer

Date of
issue
of permit

2/12/29

Permit
No.

15 70

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary steam*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soldierman*, (b) *Greengrocery*; (a) *Foreman*, (b) *Automobile factory*. The material returned "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer from laborer*, *Laborer—Coal mine*, etc. Women at home who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *House-keeper*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant Cook*, *Housemaid*, etc. If the occupation has been changed or given up, on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is epidemic cerebrospinal meningitis); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasm); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 23 days; *Bronchopneumonia* (secondary), 10 days. Never report mere symptoms or terminal conditions, such as "Asphyxia", "Anemia" (merely symptomatic), "Atrophy", "Collapse", etc.), "Coma", "Convulsions", "Debility" ("Concomitant", "Semic", etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemorrhage", "Inanition", "Marasmus", "Old age", "Shock", "Uremia", "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia", "PUERPERAL peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as provided by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

1 PLACE OF DEATH

County _____

City or town _____

2 FULL NAME

(a) Residence. Sta

(Usual place of a

Length of residence in city or town where

PERSONAL AND ST

3 SEX

4 COLOR OR

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE

6 AGE

Years

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) _____

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (city or town) _____
(State or country)11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (city or town) _____
(State or country)

13

Informant _____

(Address)

14

Filed _____, 19

Filed _____, 19

P
A
R
E
N
T
SCOPY
Grant Percy Veale
Feb. 11, 1929

Name, _____

Grant Percy Veale

Place of Death, _____

Portsmouth, N.H.

No. _____

Street

Ward, _____

Village, _____

How long a resident, _____

5 days

Previous residence, _____

Winthrop, Mass.

If death occurred at an institution give name of same

Portsmouth Hospital

How long an inmate, _____

5 days

Where from, _____

North Hampton, N.H.

Date of Death: Year, _____

1929

Month, _____

Feb.

Day, _____

11th.

Age: Years, _____

35

Months, _____

11

Days, _____

8

Place of Birth, _____

Chicago, Ill.

Date of Birth: Year, _____

1893

Month, _____

Mar.

Day, _____

3rd.

Sex, _____

M

Color, _____

W

Married, Single,

Widowed or

Divorced

Divorced.

Occupation, _____

Salesman

Cause of Death, _____

Traumatic Shock

Duration, _____

Contributing Cause, _____

Fracture of Hip.

Dilated Stomach. Automobile

Accident

Duration, _____

No. Hampton, N.H.

Name of Father, _____

Ernest A. Veale

Maiden Name of Mother, _____

Mary L. Ainge

Birthplace of Father, _____

England

Birthplace of Mother, _____

England

Occupation of Father, _____

Salesman

TH

(City or town)

Registered No. _____

(Place of death)

Registered No. _____

(Place of residence)

St., _____

Ward

n, give its NAME instead of street and number)

United States, give rank, organization, etc.)

No. _____

St.

Sign birth?

years

months

days

CERTIFICATE OF DEATH

(Month)

(Day)

(Year)

I CERTIFY, That I attended deceased from

, to _____, 19____.

, 19____.

ate stated above, at _____ m.

ollows: (State fully)

(duration) _____ yrs. _____ mos. _____ ds.

(duration) _____ yrs. _____ mos. _____ ds.

For what

OR REMOVAL

DATE OF BURIAL

(City or town)

, 19

ADDRESS

STANDARD CERTIFICATE OF DEATH

Winthrop

1 PLACE OF DEATH
County SuffolkState Mass

(City or town)

Registered No. 39City or Town WinthropNo. 6 Jefferson St.St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mattie D. Brown

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 6 Jefferson St., St., Ward, Winthrop, Mass

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. days. How long in U. S., if of foreign birth? 48 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widowed5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Horace R.6 AGE Years 51 Months 11 Days 6 IF LESS than 1 day,hrs. ormin.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) Name of employer

8 BIRTHPLACE (City) Hamilton
(State or country) Ontario9 NAME OF FATHER John B. Dayfoot10 BIRTHPLACE OF FATHER (City) Hamilton
(State or country) Ontario11 MAIDEN NAME OF MOTHER Fanny (Unknown)12 BIRTHPLACE OF MOTHER (City) Canada
(State or country)13 Informant Herbert W. Brown
(Address) 165 Court Rd., Winthrop14 Filed Feb 13, 1929
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

Health Officer

Date of issue

of permit

2/13/29

Permit No.

15-76

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 11 1929
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from June, 1915, to Feb 11, 1929, that I last saw her alive on Feb 11, 1929.and that death occurred, on the date stated above, at 3:15 A. m. The CAUSE OF DEATH was as follows: (State fully)Angina pectoris(duration) yrs. 6 mos. ds.CONTRIBUTORY Chronic myocarditis
(Secondary)(duration) 10 yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy noWhat test confirmed diagnosis Purplish Abortion(Signed) Raymond B. Parker, M. D.(Address) 145 Winthrop St Winthrop MassDate Feb 11 192918 PLACE OF BURIAL, CREMATION, OR REMOVAL
Mt. Auburn Cambridge
(Cemetery) (City or town)DATE OF BURIAL
2/13/29

19 UNDERTAKER

A. E. Long & Son IncADDRESS
Cambridge

is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife, or At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness, the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING Death (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Rigidic cerebral spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Taberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician. If any, as required by law or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

17, 051

Medical Examiner's Certificate of Death

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk

State

Registered No. 40

City or Town Wentworth

No. 114 Main

St. Ward

If death occurred in a hospital or institution, give its NAME instead of street and number

2 FULL NAME

(a) Residence. No. 198 Bremen

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St. Ward.

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U.S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

6 AGE

Years

50

Months

Days

If less than

1 day, hrs.

or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

Candy Maker

Homer Candy Co

8 BIRTHPLACE (City)

(State or country)

Providence
Rhode Island

9 NAME OF FATHER

Maurice Murphy

10 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

Margaret Connell

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

13

Informant

(Address)

Maurice Murphy
198 Bremen St. Boston

14

Filed

(Month) (Day) (Year)

Feb. 21 1929

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb.

12

1929

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes, presumably
Cardio-vascular disease
(Coronary Sclerosis)

Died Suddenly at his
place of employment

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed)

John B. Byrne M.D.

M.D.

(Address)

Medical Examiner for Suffolk

Date

(Month)

(Day)

(Year)

Feb. 13 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

(Month) (Day) (Year)

Holy Cross Cemetery
Malden
Feb. 15 1929

19 UNDERTAKER

William A. Splanor
559 South Boston

20 Burial permit issued by

Official position

21 Date of issue

Permit No.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

DESCRIPTION (for unknown person)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)," "Heart disease, presumably coronary sclerosis, (Sudden death)."

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

James W. Murphy
Feb. 12, 1929

STANDARD CERTIFICATE OF DEATH

Grafton

(City or town)

1 PLACE OF DEATH

Registered No. 21

(Place of death)

County Worcester

State Mass

Registered No. 41

(Place of residence)

City or town Grafton

No. Grafton State Hospital

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry G Smith

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass

City or Town Winthrop

No.

St.

(Usual place of abode)

Length of residence in city or town where death occurred 13 years 4 months 8 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White English	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5a If married, widowed, or divorced

Name of { HUSBAND Cora Hazeltine Smith
(or) WIFE

6 AGE Years 74	Months 2	Days 12	If LESS than 1 day, hrs. or min.
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If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman

(b) Name of employer

8 BIRTHPLACE (city or town) Boston

(State or country) Mass

9 NAME OF FATHER Thomas C Smith

10 BIRTHPLACE OF FATHER (city or town)

(State or country) Mass

11 MAIDEN NAME OF MOTHER Mariette A Kent

12 BIRTHPLACE OF MOTHER (city or town)

(State or country) New Hampshire

13 Informant Grafton State Hosp Records

(Address) North Grafton Mass

14 Filed Feb. 14, 1929 R S Leonard

Registrar of city or town where death occurred

Filed Jan. 12, 1924 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 13, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Nov. 1, 1927, to Feb. 13, 1929

that I last saw him alive on Feb. 12, 1929

and that death occurred, on the date stated above, at 6:50 a m

The CAUSE OF DEATH was as follows: (State fully)

Chronic Myocarditis

(duration) 10 yrs. - mos. - ds.

CONTRIBUTORY Dementia Praecox

(SECONDARY)

(duration) 25 yrs. - mos. - ds.

17 Where was disease contracted if not at place of death

Did an operation precede death NO For what

Date of operation

Was there an autopsy NO

What test confirmed diagnosis Clinical findings

(Signed) John P Powers, M. D.

(Address) North Grafton Mass

Date Feb. 13, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Hill Crest North Grafton

(Cemetery)

(City or town)

DATE OF BURIAL

2-15, 1929

19 UNDERTAKER

ADDRESS

A. G. Gatchell & Son

No. Grafton

Henry G. Smith

Feb. 13, 1929

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

Registered No. 2160

(Place of death)

County Suffolk

State

Registered No. 42

(Place of residence)

City or town Boston

No.

HAY RELEIF STATION

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME THOMAS E. BURKE

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS.

City or Town WINTHROP

No. 30

WOODSIDE AV

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

M.

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE

RUTH C.

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

54

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

LAWYER

(b) Name of employer

8 BIRTHPLACE (city or town)

BOSTON

(State or country)

MASS.

9 NAME OF
FATHER

JOHN B. BURKE

10 BIRTHPLACE OF
FATHER (city or town)

BOSTON

(State or country)

MASS.

11 MAIDEN NAME
OF MOTHER

ANN GARGAN

12 BIRTHPLACE OF
MOTHER (city or town)

BOSTON

(State or country)

MASS.

13

Informant

JOSEPH L. BURKE

(Address)

26 ALLEN ST. BOSTON

14

Filed FEB. 18, 1929

Filed Feb. 17, 1929

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

FEB. 14, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

FEB. 9

19 29, to

FEB. 14

19 29,

that I last saw him alive on

IM

FEB. 14

19 29,

and that death occurred, on the date stated above, at 3.45 A M.
The CAUSE OF DEATH was as follows: (State fully)

SPONTANEOUS CEREBRAL HEMORRHAGE

(duration) yrs. mos. 5 ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) B. F. DEVINE

, M. D.

(Address)

Date FEB. 14, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

HOLYHOOD, BROOKLINE

(Cemetery)

(City or town)

DATE OF BURIAL

2-16-29, 19

19 UNDERTAKER

ADDRESS

J. L. BURKE

Feb. 14, 1929

N.B. WRITE PLAINLY. WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

~~BOSTON~~

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

43

City or Town

Boston

No.

163

Cottage Park Road

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James J. Lynn

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence, No.

163 Cottage Park Rd.

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

10 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widower

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Lena Lutz

6 AGE

73

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Book Dealer

(b) Name of employer

8 BIRTHPLACE (City)

Bangor

(State or country)

Me.

9 NAME OF
FATHER

John J. Lynn

10 BIRTHPLACE OF
FATHER (City)

Shelburne

(State or country)

11 MAIDEN NAME
OF MOTHER

Bridget Lutz

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13

Informant

Edward L. Lutz

(Address)

163 Cottage Park Road

14

Filed

Feb 21/29

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. L. C. C. C. C.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb.

16 1929

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Feb. 2

1929 to

Feb. 16

1929

that I last saw him alive on

Feb. 16

1929

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH was as follows:

Myocarditis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

Arthur J. Lutz

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

No

Date of

Was there an autopsy?

No

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed)

C. Lutz

M. D.

(Address)

Date

Feb 16 1929

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Paul's Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 19 1929

19 UNDERTAKER

David L. Lutz

ADDRESS

E. Boston

Official
position

Health Officer

Date of
issue

2/18/29

Permit
NO.

15 77

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *2d* *de*, *Bronchopneumonia* (secondary), *10* *de*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Epilepsy" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Imitation," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phloitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement confirming the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6.
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Winthrop

No.

Winthrop Community

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Silch.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

47 Marshall

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

If LESS than 1 day, 6 hrs. or — min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

9 NAME OF FATHER

Frederick Silch.

10 BIRTHPLACE OF FATHER (City)

East Boston

(State or country)

Mass.

11 MAIDEN NAME OF MOTHER

Catharine M. Walsh.

12 BIRTHPLACE OF MOTHER (City)

East Boston

(State or country)

Mass.

13

Informant

Frederick J. Silch.

(Address)

47 Marshall St Winthrop

14

Filed

Feb 1-21/29

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm L. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Feb

17

(Month)

(Day)

1929

16

I HEREBY CERTIFY, That I attended deceased from

Feb 17

1929

to Feb 17

1929

that I last saw him alive on

Feb 17

1929

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH was as follows:

Premature Birth

7 months

6 hours

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoIf under one year, was infant Breast Fed? No

What test confirmed diagnosis?

(Signed) Sydney Gatch M. D.

(Address)

1620 Beacon St

Date

Feb

18

1929

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 19.29

19 UNDERTAKER

William P. Treanor 559 Saratoga St. E.B.

Official position

Agent

Date of issue of permit

Feb 18/29

Permit NO.

1578

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Driver," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 8 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *metastasis*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, epistaxis, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 40, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from diseases unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

17,067

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 45
City or Town Winthrop No. 42 Ocean Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Herbert Floyd Taylor
(a) Residence. No. Winthrop 42 Ocean Ave St., Ward
(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

15 DATE OF DEATH Feb 17 1929
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Pearl Taylor
6 AGE Years 57 Months 5 Days 17 If less than 1 day, hrs. or min.

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes: Coronary vascular disease (chronic angina pectoris)
Died suddenly at his home

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Stock Broker
(b) Name of employer Proctor & Co

8 BIRTHPLACE (City) Faverhill
(State or country) Mass.

9 NAME OF FATHER Martin Taylor

10 BIRTHPLACE OF FATHER (City) North Salem
(State or country) Mass.

11 MAIDEN NAME OF MOTHER Laura Floyd

12 BIRTHPLACE OF MOTHER (City) Wrentham
(State or country) N.H.

13 Informant Wife Alice Pearl Taylor
(Address) Winthrop Mass

14 Filed Feb 21 1929
(Month) (Day) (Year)

20 Burial permit issued by Wm. L. Childress

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?
(Signed) Wm. J. Hayes M.D.
(Address)

Medical Examiner for Suffolk
Date Feb 19 1929
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Reburied in Faverhill
(Cemetery) (City or town) DATE OF BURIAL Feb 20 1929
(Month) (Day) (Year)

19 UNDERTAKER Walter J. White ADDRESS Winthrop

21 Date of issue 2/20/29 Permit No. 1579

WHILE I AM IN THE OFFICE OF THE SECRETARY, DIVISION OF VITAL STATISTICS, I HAVE RECEIVED FROM THE MEDICAL EXAMINERS, AND FROM THE REGISTRARS, INFORMATION AS TO THE CAUSE AND MANNER OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED UNDER THE INTERNATIONAL CLASSIFICATION OF CAUSES OF DEATH. SEE REVERSE SIDE FOR EXTRACTS FROM THE LAWS RELATIVE TO THE RETURN OF CERTIFICATES OF DEATH.

GOVERNING THE

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 33, Sec. 7.*

(3) **Medical Examiners will Investigate and certify to all deaths** supposedly due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Herbert S. Taylor
Jul. 17, 1929

State of Connecticut
BUREAU OF VITAL STATISTICS

Copy

51

Certificate of a Stillbirth

1. Surname of child Loomis 2. Sex ^{Female}
3. Place of stillbirth—Town Waterbury No. 36 Windsor Street
4. Date of stillbirth 18 day of Feb. 19 29

5. Full name of Father Clifford E. Loomis
6. Age of Father 30 years
7. Color of Father White
8. Residence of Father—Town Winthrop State or Country Mass.
9. Birthplace of Father—Town Waterbury State or Country Conn.
10. Occupation of Father Electrician

11. Maiden name of Mother Beatrice Parrish
12. Age of Mother 26 years
13. Color of Mother White
14. Residence of Mother—Town Winthrop State or Country Mass.
15. Birthplace of Mother Waterbury State or Country Conn.
16. Number of child of Mother 3 16A. Number living 0
17. Probable age of foetus 7 months
18. Cause of stillbirth Hypertrophied placenta
19. Place of burial Riverside Cem. Waterbury, Ct.
20. Sexton Henry Begnal

I Certify the above from the best information I can obtain.

Dated Feb. 20 19 29 Name R. A. Mueller M.D.

J. P. Clark #419

Capacity in which he signs

Attest: This is a permanent record. Every item of information should be carefully supplied. Registrar

Write plainly with black unfading ink.

Feb. 18. 1929

51

The Registrar will issue a permit for the burial on presentation of this Certificate, which contains all the facts required by law in a death certificate.

N.B.—No Foetus should be interred, or disposed of in any other manner, without a Permit therefor having been obtained from the Registrar, such Permit to be granted upon the presentation of the proper return.

No child that shows any evidence of life after birth should be registered as a stillbirth. The words ANY EVIDENCE OF LIFE shall include action of heart, breathing, movement of voluntary muscle.

This Certificate received for record on the 20 *day of* Feby. 1929

Dora A. Egen Registrar.

State of Rhode Island.

1 PLACE

Court

City

2 FULL NAME

(a) 1

Length of residence

PERS

3 SEX

5a If married

Name of

6 AGE

If STILLBORN

7 OCCUPATION

(a) Trade, or particular kind

(b) Name of

8 BIRTHPLACE

(State or country)

9 NAME

FATHER

10 BIRTHPLACE

FATHER

(State or country)

11 MAIDEN NAME

OF MOTHER

12 BIRTHPLACE

MOTHER

(State or country)

13 Informant

(Address)

14 Filed

Filed

Filed

CHAPTER 121, GENERAL LAWS, 1909.

OF THE REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES

1. Date of Death.....Feb. 20th.....19 29

2. Name in FULL

George J. Frank

3. Date of Birth.....Aug. 7th, 1860 Age 68 yrs.....mos.....dys

4. Place of Death City or Town.....Pawtucket, R. I.

5. St. or Road & No.....Division St.

6. Usual Residence 42 Hawthorne St. Winthrop, Mass.

7. Sex.....Male.....Color White

9. { Single, Married, }
Widowed or Divorced.....Married

10. Name of Husband or Wife.....Emma E. Goldstein

11. Occupation of decedent.....Gold Refiner

12. Place of Birth.....Dansig

13. Father's Name.....Isador Frank

14. Mother's Name.....Fannie Hankenstien

15. Parents' Birthplace Fa.....Germany.....Mo.....Germany

16. Where to be buried.....Ohabei Shalom, East Boston

17. Cause of Death.....Was hurrying to get some gas for his stalled car, became exhausted and fell to the street was dead when arrived at Memorial

Name of Physician.....Chas. F. Sweet, M. D. Hospital

Name of Informant.....Mrs. Emma Frank, Wife Associate Medical Examiner Dist #8.R.I

Name of Undertaker.....D.W. Bellows & Son D.R. Bellows

I certify that the foregoing is a true copy

Attest,

John D. Bellows

City Clerk

Feb. 26, 1929

or town)

(Place of death)

Place of residence)

Ward
street and number)

organization, etc.)

St.

months days

ATH

(Year)

ded deceased from

, 19

, 19

m.

mos. ds.

mos. ds.

, M. D.

ATE OF BURIAL

, 19

DRESS

may be properly classified. Exact statement of OCCUPATION is very important.



STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk State Mass (City or town)
 County Wintthrop Registered No. 47
306 River St., 4 Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Jessie Ada Henderson
 (If U. S. War Veteran, specify WAR)
 (a) Residence. No. 306 River St St., 4 Ward,
 (Usual place of abode) (If non-resident, give city or town and state)
 Length of residence in city or town where death occurred 20 yrs. — mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Rud Henderson
 6 AGE Years 58 Months 9 Days — IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife
 (b) Name of employer

8 BIRTHPLACE (City) West Fairfield
 (State or country) Maine

9 NAME OF FATHER Samuel Coram
 10 BIRTHPLACE OF FATHER (City) Leinermore Falls
 (State or country) Maine
 11 MAIDEN NAME OF MOTHER Ruth Emma McLaughlin
 12 BIRTHPLACE OF MOTHER (City) Camden
 (State or country) Maine

13 Informant Husband
 (Address) Winthrop Mass

14 Filed March 1929
 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Paul Childers

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb 21 1929
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 16
 19 28, to Feb 21 19 29,
 that I last saw her alive on 12-15-28 19 28.

and that death occurred, on the date stated above, at 11:45 P. m.
 The CAUSE OF DEATH was as follows: (State fully)

Cardiac Decompensation - Coronary
thrombosis (right branch) - passive
congestion Liver & Kidneys
 (duration) yrs. 6 mos. ds.

CONTRIBUTORY Myocarditis & Aortic Insufficiency
 (Secondary) (duration) 15+ yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) Richard E. Sargent M. D.

(Address) 114 Pleasant St

Date Feb 23/29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Hills Crematory
 (Cemetery) (City or town) Feb 24/29

19 UNDERTAKER Walter J White
 ADDRESS Winthrop

Date of issue 9/98/29 Permit No. 1581

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

202.21.1929.
Revised United States Standard Certificate of Death
(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: It should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return *Laborer*, "Foreman", "Manager", "Dealer", etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Coal*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness, the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia" unqualified is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of "Tumor" (name origin: "Cancer" is less definite; avoid use of "Malignant neoplasms"; *Measles*; *Whooping cough*; *Chronic interstitial nephritis*, etc. The *tubercular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death) 29 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia", "Anemia" (merely symptomatic), "Atrophy", "Collapse", "Coma", "Convulsions", "Debility" ("Congenital", "Senile", etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemorrhage", "Intoxication", "Marasmus", "Old age", "Shock", "Uremia", "Weakness", etc., when definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia", "PUERPERAL peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one town to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

Medical Examiner's Certificate of Death

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County **Suffolk** State **Massachusetts** Registered No. **2410-48** Registered No. **48**
 City or Town **Boston** No. **POLICE AMBULANCE** (Place of death) (Place of residence)
 Death occurred in a hospital or institution, give its NAME instead of street and number) St., **WINTHROP** Ward **MASS.**

2 FULL NAME **BENJAMIN S. DOANE**
 (a) Residence. No. **3 PAULINE** (If in the Army or Navy of the United States, give rank, organization, etc.)
 (Usual place of abode) St., **WINTHROP** Ward **MASS.** (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **M.**
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of **FRANCES DONAHUE**
 6 AGE Years Months Days If less than 1 day, hrs. or min.
55

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **NIGHT WATCHMAN**
 (b) Name of employer **FEDERAL RESERVE BANK**

8 BIRTHPLACE (city or town) **BOSTON**
 (State or country) **MASS.**

9 NAME OF FATHER **BENJAMIN**

10 BIRTHPLACE OF FATHER (city or town) **NOVA SCOTIA**
 (State or country)

11 MAIDEN NAME OF MOTHER **ELIZABETH PORTER**

12 BIRTHPLACE OF MOTHER (city or town) **YARMOUTH, N. S.**
 (State or country)

13 Informant **WIFE**
 (Address) **3 PAULINE ST. WINTHROP**

14 Filed **FEB. 25, 1929** Registrar of city or town where death occurred
 Filed **2-27-29** Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **FEB. 21, 1929**
 (Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

NATURAL CAUSES-CARDIO VASCULAR DISEASE WITH TERMINAL OEDEMA OF LUNGS. (DIED SUDDENLY)

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) **GEORGE BURGESS MAGRATH**, M.D.
 (Address) **BOSTON**

Medical Examiner for **SUFFOLK**
 Date **FEB. 22, 1929**
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL **WINTHROP, WINTHROP**
 DATE OF BURIAL **2-23-29**
 (Month) (Day) (Year)

19 UNDERTAKER **C. R. BENNISON**
 ADDRESS **WINTHROP.**

20 Burial permit issued by
 Official position

21 Date of issue

PARENTS

Feb. 21. 1929

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

~~BOSTON~~ *Waltham* ✓

1 PLACE OF DEATH

County

Suffolk

State **Massachusetts**

Registered No. *112*

City or Town

Dorchester

No.

67 Center St., 19

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mr. James J. Hurley

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

67 Center St., Dorchester

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Mary E. Jordan

6 AGE

Years

Months

Days

If LESS than 1 day, ____ hrs. or ____ min.

67

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Accountant

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Bangor, Maine

9 NAME OF FATHER

Timothy Hurley

10 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

Alice Casey

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

13

Informant

(Address)

Mrs. Mary Hurley, 67 Center St., Dorchester

14

Filed

Nov 1, 1929

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. L. Childress

15 DATE OF DEATH

Feb. 21, 1929

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 1, 1928, to Feb 21, 1929

that I last saw him alive on *Feb. 21, 1929*

and that death occurred, on the date stated above, at *7:30 P.* m.

The CAUSE OF DEATH was as follows:

Pericardial Effusion

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of *Feb. 21, 1929*

Was there an autopsy? *If under one year, was infant Breast Fed?*

What test confirmed diagnosis?

(Signed) *C. J. Hurley*, M. D.

(Address)

4 Crossings St., Dorchester

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Vincent Cemetery, Bangor, Me.

(Cemetery)

(City or town)

DATE OF BURIAL

Feb 23, 1929

19 UNDERTAKER

P. Kirby

ADDRESS

Dorchester

Official position

Health Officer

Date of issue of permit

2/23/29

Permit No.

1580

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeping* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "Primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

Registered No. 2608

(Place of death)

County Suffolk

State

Registered No. 52

(Place of residence)

City or town Boston

No.

MASS. GEN- HOSPITAL

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME LETHE CLEMENTS

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS

City or Town WINTHROP

No. 450

WINTHROP

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

M.

5a If married, widowed, or divorced

Name of { HUSBAND

(or) WIFE

JOHN P

6 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.

52

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

HOUSEWIFE

(b) Name of employer

8 BIRTHPLACE (city or town)

PENSACOLA

(State or country)

FLORIDA

9 NAME OF
FATHER

WALTER HAWKINS

10 BIRTHPLACE OF
FATHER (city or town)

PENSACOLA

(State or country)

FLORIDA

11 MAIDEN NAME
OF MOTHER

UNKNOWN

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

13

Informant

JOHN P. CLEMENTS

(Address)

450 WINTHROP ST. WINTHROP

14

Filed FEB. 28, 1929

E. W. M. Glenen

Filed Mar. 15, 1929

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

FEB. 26, 1929

1928

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

FEB. 26

1929, to

FEB. 26

1929

that I last saw her alive on

FEB. 26

1929

and that death occurred, on the date stated above, at

4 P

The CAUSE OF DEATH was as follows: (State fully)

DIABETES MELLITUS

(duration) 6 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

ABSCESS OF KIDNEY

(duration) yrs. ? mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

YES

What test confirmed diagnosis

AUTOPSY

(Signed)

N. C. BAKER

, M. D.

(Address)

Date

FEB. 26, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WINTHROP, WINTHROP

(Cemetery)

(City or town)

DATE OF BURIAL

3-2-29, 1928

ADDRESS

19 UNDERTAKER

J. F. O'MALEY

even events

Feb. 26. 1929.

STANDARD CERTIFICATE OF DEATH

Cambridge

(City or town)

1 PLACE OF DEATH

Middlesex

County

Mass.

State

Registered No. 389

(Place of death)

City or town

Cambridge

No.

Holy Ghost Hospital

Registered No.

(Place of residence)

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. Monahan

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

(Usual place of abode)

City or Town Winthrop No. 28 Pebble Ave. St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE

--

6 AGE

Years

68

Months

--

Days

--

If LESS than
1 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

--

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Milliner

(b) Name of employer

--

8 BIRTHPLACE (city or town) Sandwich

(State or country)

Mass.

9 NAME OF
FATHER

Martin

10 BIRTHPLACE OF
FATHER (city or town)

-

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Ellen Ferguson

12 BIRTHPLACE OF
MOTHER (city or town)

St Johns

(State or country)

N.B.

13 Informant Mr Harry Swanson

(Address)

21 Chandler St. W. Somerville

14 Filed Mar 2, 19 29

Registrar of city or town where death occurred

Filed Apr 12, 19 29

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 1 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

2-1

29

3-1

29

, 19, to, 19,

that I last saw her alive on 2-28, 1929

and that death occurred, on the date stated above, at 7.45 A. m.

The CAUSE OF DEATH was as follows: (State fully)

Cerebral Hemorrhage &
Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) G. A. Connor, M. D.

(Address)

314 Broadway Cambridge

Date 3-1-29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Mass DATE OF BURIAL
Corpus Christi-Sandwich Mar. 4, 29

(Cemetery)

(City or town)

19 UNDERTAKER

P. J. McArdle

ADDRESS

Cambridge

Mar. 1, 1929

May 2. Monahan
March 1, 1929

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass. (City or town)
 City or Town Winthrop No. 53 Shirley St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John M. Haley
 (If U. S. War Veteran, specify WAR)

(a) Residence No. 53 Shirley St. St., Ward,
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days. (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth O'Connor

6 AGE Years 80 Months Days IF LESS than 1 day,hrs. ormin.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Tanner
 (b) Name of employer

8 BIRTHPLACE (City) (State or country) Ireland

9 NAME OF FATHER Patrick

10 BIRTHPLACE OF FATHER (City) (State or country) Ireland

11 MAIDEN NAME OF MOTHER Cannot be learned

12 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

13 Informant (Address) Julius J. Leary
53 Shirley St.

14 Filed Mar 9 1929
 (Month) (Day) (Year) REGISTRAR

23 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 2 1929
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
 19....., to 19.....
 that I ~~last~~ saw him alive on March 2, 1929.
 and that death occurred, on the date stated above, at 8 A. m.
 The CAUSE OF DEATH was as follows: (State fully)

Natural Cause
Probably Acute Dilatation of Heart
 (duration) yrs. mos. ds.

CONTRIBUTORY Chronic Myocarditis
 (Secondary) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death? No For what

Date of operation No

Was there an autopsy? No

What test confirmed diagnosis Personal examination

(Signed) Raymond S. Parker, M. D.

(Address) Winthrop Board of Health

Date Mar 2 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Malden
 (Cemetery) (City or town)

DATE OF BURIAL 3/6/29

19 UNDERTAKER John F. C. Haley ADDRESS Winthrop

Date of issue of permit 3/7/29 Permit No. 13502

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Shinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Varicella*, *Sarcoma*, etc., of; (name origin; "Cancer" is less definite; avoid use of "Tumor," for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *da.*, *Bronchopneumonia* (secondary), 10 *da.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Gangrene," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gonorrhea, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If on death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

2-301
pld. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2-00,000, 9-26, NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State **Massachusetts**

Winthrop

(City or town)

Registered No. **54**

City or Town **Winthrop**

No. **Fort Banks, Mass.**

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Helen E. Vogelsang.**

(If U. S. War Veteran, specify WAR)

(a) Residence. No. **1372 Massachusetts Avenue**

St. Ward **Boston, Mass.**

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred **0** years **0** months **17** days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Mr. Sgt. Albert M. Vogelsang

6 AGE

Years

Months

Day:

IF LESS than
1 day.....hrs.
or.....min.

31

?

?

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (City)

Worcester

(State or country)

Massachusetts.

9 NAME OF
FATHER

Michael J. McGreevey

10 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

11 MAIDEN NAME
OF MOTHER

Mary Gray

12 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

13

Informant **Mr. Sgt. Albert M. Vogelsang**

(Address) **Q. M. Corps, Ft. Strong, Mass.**

14

Filed **Mar. 9 29**
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **March** **4** **1929**
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
February 16, 19 **29**, to **March 4th**, 19 **29**

that I last saw her alive on **10:20 P.M. March 4**, 19 **29**

and that death occurred, on the date stated above, at **10:20** p.m.
The CAUSE OF DEATH was as follows: (State fully)

Cholangitis infectious following

cesarean section December 30, 1928.

(duration) **0** yrs. **2** mos. **4** ds.

CONTRIBUTORY **Cholelithiasis.**
(Secondary)

unknown (duration) **0** yrs. **0** mos. **0** ds.

17 Where was disease contracted
if not at place of death **Boston, Mass.**

Did an operation precede death **Yes** For what **Cholelithiasis**

Date of operation **March 4th, 1929.**

Was there an autopsy **No**

What test confirmed diagnosis **Physical, laboratory & X-Ray**
examinations.
(Signed) **O. T. Kirksey, Captain, M.C.U.S.A.M.D.**

(Address) **Fort Banks, Winthrop, Mass.**

Date **March 5, 1929.**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. John's Cemetary, Worcester
(Cemetery) (City or town) **Mass.**

DATE OF BURIAL

March 7, 1929

19 UNDERTAKER

John F. Moley

ADDRESS

Winthrop

Original Health Office Date of issue **3/5/29** Permit No. **1584**

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business of industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home, who are engaged in a definite salary), may be entered as *House-keepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation). Using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium" ("Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, metrorrhagia, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward,

(If non-resident give city or town and state)

Length of residence in city or town where death occurred / 5 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

White

Divorced

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Augustus B. Shute.

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

73

1

10

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At home.

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Boston.

Massachusetts.

9 NAME OF
FATHER

George B. Wheeler.

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Lempster.

New Hampshire.

11 MAIDEN NAME
OF MOTHER

Elizabeth Smith.

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Watertown

Massachusetts.

13 Informant

(Address)

Georgia W. Vroome
482 Commonwealth Ave.
Boston

14 Filed

Mar. 9, 29
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 5 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Nov. 1, 1928 to March 5, 1929

that I last saw him alive on March 4, 1929

and that death occurred, on the date stated above, at 6 A. M.
The CAUSE OF DEATH was as follows: (State fully)

Chronic Bright's Disease
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death. No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis

(Signed) J. H. B. M. D.

(Address) 415 Cambridge Ave

Date 3/5/29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt Auburn Cemetery Cambridge Mar. 7 1929
(Cemetery) (City or town)

19 UNDERTAKER

ADDRESS

Charles R. Berrison Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

Health Officer

Date of issue of permit

3/5/29

Permit No.

1083

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphonia," "Anemia," "Merely symptomatic," "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Icteric," "Marasmus," "Old age," "Shock," "Remora," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

Registered No. 2947
(Place of death)County **Suffolk**

State

Registered No. (Place of residence)

City or town **Boston**No. **PALMER MEMORIAL HOSPITAL** St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME **MABEL F. FARRAR**

(If in the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **53 LEWIS AVE.** St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **M.**

5a If married, widowed, or divorced

Name of { HUSBAND **FREDERICK**
(or) WIFE6 AGE Years **62** Months **2** Days **2** If LESS than 1 day, ... hrs. or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **AT HOME**

(b) Name of employer

8 BIRTHPLACE (city or town) **BANGOR**
(State or country) **MAINE**9 NAME OF FATHER **JOHN F. TOLMAN**10 BIRTHPLACE OF FATHER (city or town) **BANGOR**
(State or country) **MAINE**11 MAIDEN NAME OF MOTHER **ELMIRA SMITH**12 BIRTHPLACE OF MOTHER (city or town) **BANGOR**
(State or country) **MAINE**13 Informant **ELSIE FARRAR**
(Address) **53 LEWIS AVE. WINTHROP**14 Filed **MAR 9**, 1928 **E. W. M. Glenew**
Registrar of city or town where death occurredFiled **MAR 22**, 1928
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **MAR 6, 1929** 1928
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from **JAN 28**, 1929, to **MAR 6**, 1929.that I last saw him **ER** alive on **MAR 5**, 1929.and that death occurred, on the date stated above, at **11.40 A** m.
The CAUSE OF DEATH was as follows: (State fully)**CANCER OF BREAST WITH METASTASIS TO SPINE.**(duration) **2** yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death.

Did an operation precede death **YES** For whatDate of operation **FEB. 1928**Was there an autopsy **NO**What test confirmed diagnosis **OPERATION AND XRAY**(Signed) **W. L. MC CLURE**, M. D.

(Address)

Date **MAR 6, 1929**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

EAST CORINTH, MAINE
(Cemetery) (City or town)

DATE OF BURIAL

3-7-29, 1928

ADDRESS

19 UNDERTAKER **F. E. BROWN**

Nov. 6. 1929

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

56

City or Town

Winthrop

No. Winthrop

Community Hospital St.

Ward

1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Gallagher.

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 843 Winthrop Ave
(Usual place of abode)

St. 1 Ward. Revere

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

If STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

9 NAME OF
FATHER

Owen

10 BIRTHPLACE OF
FATHER (City)

Boston

(State or country)

Mass

11 MAIDEN NAME
OF MOTHER

Annie F. Sharkey

12 BIRTHPLACE OF
MOTHER (City)

Boston

(State or country)

Mass.

13

Informant

Owen Gallagher.

(Address)

843 Winthrop Ave. Revere.

14

Filed

Mar. 9, 29

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March

6

1929

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 5, 1929, to March 6, 1929.

that I last saw him alive on March 6, 1929.

and that death occurred, on the date stated above, at 3:00 P. M.

The CAUSE OF DEATH was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

Lepenia

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Physician Examination

(Signed)

William L. Woodman

M.D.

(Address)

731 Winthrop Ave. Revere, Mass.

Date

March 6, 1929

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross

(Cemetery)

Malden

(City or town)

DATE OF BURIAL

3/8/29

19 UNDERTAKER

Michael J. Porcella.

ADDRESS Boston

10 No. Bennett

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. W. Childress

Official position

agent

Date of issue of permit

3/6/29

Permit

No. 1585

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary action with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meningitis*, *peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 39 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebotis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 57
City or Town Wrentham No. 111 Locust St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Margaret T. Bacon

(a) Residence. No. 111 Locust St., Wrentham Mass
(Usual place of abode)
(If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

15 DATE OF DEATH March 7 1929
(Month) (Day) (Year)

5a If married, widowed or divorced HUSBAND of (or) WIFE Frederick E. Bacon

16 I HEREBY CERTIFY, That I attended deceased from December 2, 1928, to March 7, 1929, that I last saw him live on March 7, 1929, and that death occurred, on the date stated above, at 11:30 a.m.
The CAUSE OF DEATH was as follows:
Carcinoma uteri

6 AGE Years 62 Months Days If LESS than 1 day, hrs. or min.

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Exeter
(State or country) England

9 NAME OF FATHER Michael Donnellon

10 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

11 MAIDEN NAME OF MOTHER Anna Hogan

12 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

13 Informant Frederick E. Bacon
(Address) 111 Locust St Wrentham

14 Filed Mar. 9, 29
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. S. Childress

CONTRIBUTORY General carcinoma
(SECONDARY) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no
If under one year, was infant born & fed?
What test confirmed diagnosis?

(Signed) Jacob G. Hynes, M. D.
(Address) 502 Stanley St Wrentham
Date March 8, 1929
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Cemetery Boston
(Cemetery) (City or town)

19 UNDERTAKER David H. Butler 33 Dexter St
ADDRESS Boston

Official position Health Officer Date of issue of permit 3/8/29 Permit No. 1586

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If relieved from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis*; *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Cancer* is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemias), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths (a) following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Cambridge

(City or town)

1 PLACE OF DEATH

Registered No. 434 71
(Place of death)County Middlesex State Mass.City or town Cambridge No. 783 Cambridge St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Giacinto Freguglietti

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 19 Pauline St. St.
(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5a If married, widowed, or divorced
Name of { HUSBAND (or) WIFE Carmela Casino6 AGE 47 Years 2 Months 25 Days If LESS than 1 day, ... hrs. or ... min.If STILLBORN, enter that fact here -7 OCCUPATION OF DECEASED Laborer
(a) Trade, profession, or particular kind of work
(b) Name of employer --8 BIRTHPLACE (city or town) -
(State or country) -Italy

PARENTS

9 NAME OF FATHER Tomaso Freguglietti10 BIRTHPLACE OF FATHER (city or town) -
(State or country) Italy11 MAIDEN NAME OF MOTHER Sabella DeLorenzo12 BIRTHPLACE OF MOTHER (city or town) -
(State or country) Italy13 Informant Mrs. Adelina Argengis
(Address) 783 Cambridge St. Camd.14 Filed Mar. 9, 1929 Registrar of city or town where death occurred
Filed Apr. 12, 1929 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Mar. 7 1929
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from Mar. 4, 19 29, to Mar. 7, 19 29,
that I last saw him alive on Mar. 7, 19 29,
and that death occurred, on the date stated above, at 2 P m.
The CAUSE OF DEATH was as follows: (State fully)Influenza(duration) _____ yrs. _____ mos. 3 ds.CONTRIBUTORY (SECONDARY) Broncho Pneumonia(duration) _____ yrs. _____ mos. 2 ds.

17 Where was disease contracted if not at place of death

Did an operation precede death _____ For what _____

Date of operation _____

Was there an autopsy _____

What test confirmed diagnosis _____

(Signed) Emilio D. Erieco, M. D.
201 Bay State Rd. Boston
(Address)Date Mar. 8, 192918 PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Malden DATE OF BURIAL 3/10/29
(Cemetery) (City or town) , 1919 UNDERTAKER Alexander DeVito ADDRESS Cambridge

may be properly classified. Exact statement of OCCUPATION is very important.

Mar. 1. 1929.

Giuseppe Tregu
March 7, 1929

2-301
200,000. 9-26. NO. 6373
plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop.

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 59
City or Town Winthrop No. 186 Pauline St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie Gertrude Gately.
(if U. S. War Veteran, specify WAR)

(a) Residence. No. 186 Pauline St., Ward,
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5a If married, widowed or divorced
HUSBAND of Mathew Gately.
(or) WIFE of

6 AGE Years Months Days IF LESS than 1 day,.....hrs. or.....min.
68 10 25

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City) Milford
(State or country) Maine.

9 NAME OF FATHER James Lee.

10 BIRTHPLACE OF FATHER (City) Concord.
(State or country) Massachusetts.

11 MAIDEN NAME OF MOTHER Nancy Stewart.

12 BIRTHPLACE OF MOTHER (City) Charleston
(State or country) Maine.

13 Informant Mrs Lulu E. Newhall.
(Address) 186 Pauline St. Winthrop

14 Filed April 8, 1929
(Month) (Day) (Year)

REGISTRAR

15 DATE OF DEATH March 12, 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 29, 1927 to Mar. 12, 1929
that I last saw her alive on March 12, 1929
and that death occurred, on the date stated above, at 12 o'clock noon.
The CAUSE OF DEATH was as follows: (State fully)
multiple sclerosis

(duration) 5 yrs. mos. ds.
CONTRIBUTORY Chronic myocarditis

(duration) 4 yrs. mos. ds.
17 Where was disease contracted if not at place of death ✓

Did an operation precede death. No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis Clinical

(Signed) Lydia W. Robinson, M. D.
(Address) 1111 E. of Wash
Date March 14, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Winthrop. Winthrop.
(Cemetery) (City or town)

DATE OF BURIAL
3/14/29.

19 UNDERTAKER
Chas. A. BRANNISON Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued
Wm. S. Childers Official Health Officer Date of issue of permit 3/14/29 Permit No. 1587

(Approved by U. S. Census and American Public Health Association)

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Portman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not painfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis*; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Cartilago*, *Sarcoma*, etc., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms), *Mucosa*, *Wandering comb*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPARTAL, septicaemia," "PERIPARTAL, peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter six-sixty, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

I PLACE OF DEATH

County

Suffolk

State **Massachusetts**

Registered No. **1162**

City or Town

Dorchester

No.

45 Pearl Ave.

St.

60

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Fred C. Libby

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

45 Pearl Ave.

St.

Ward.

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

10 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Maud E. Buchanan

6 AGE

Years

52

Months

5

Days

9

If LESS than 1 day, ____ hrs. or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Real Estate

(b) Name of employer

Self

8 BIRTHPLACE (City)

Lynn

(State or country)

Mass.

9 NAME OF FATHER

Justin P. Libby

10 BIRTHPLACE OF FATHER (City)

Lynn

(State or country)

Mass.

11 MAIDEN NAME OF MOTHER

Mary Jane Scarborough

12 BIRTHPLACE OF MOTHER (City)

England

(State or country)

13

Informant

Mrs. Maud E. Libby

(Address)

45 Pearl Ave.

14

Filed

April 8, 1929

(Month)

(Day)

(Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 12, 1929

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

February 26, 1929 to March 12, 1929.

that I last saw him alive on **March 12, 1929.**

and that death occurred, on the date stated above, at **7 P. m.**

The CAUSE OF DEATH was as follows:

Tertiary Lues.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY)

Cerebral hemorrhage

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death?

No

Date of

Was there an autopsy?

No

under one hour was infant born?

What test confirmed diagnosis?

Physical & Laboratory

(Signed)

Jacob Gleason

(Address)

360 Shirley St., Dorchester

Date

March 14, 1929

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Pine Grove, Lynn

(Cemetery)

(City or town)

DATE OF BURIAL

3/15/29

19 UNDERTAKER

R. Kirby

ADDRESS

East Boston

Official position

Health Officer

Date of

issue

of permit

3/15/29

Permit

NO. 10-88

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; it should be used only when needed. As for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Cord mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Chronic interstitial nephritis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc.*, (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *20 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Assthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestial," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inflammation," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—Gen. Laws, Chap. 46, Sec. 9.

Ne undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—Gen. Laws, Chap. 38, Sec. 6. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

FITCHBURG

(City or town)

1 PLACE OF DEATH

Registered No. 132

(Place of death)

Registered No. 80

(Place of residence)

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

County WORCESTER State MASS.

City or Town FITCHBURG No. BURBANK HOSPITAL

2 FULL NAME Eugene J. Parker

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 45 Highland Ave. St.

(Usual place of abode)

Length of residence in city or town where death occurred years 4 months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male White Married

5a ~~Married~~ HUSBAND of Margaret F. Ryan

6 AGE Years Months Days If LESS than 1 day, hrs. 65 0 0 or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith, retired

(b) Name of employer 3 years.

8 BIRTHPLACE (city or town) Fitchburg, (State or country) Mass.

9 NAME OF FATHER Nicholas Parker

10 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

11 MAIDEN NAME OF MOTHER Catherine Foley

12 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

13 Informant Mrs. Margaret F. Parker (Address) Winthrop, Mass.

14 Filed APR 9 1929 Sanford & Worthington Registrar of city or town where death occurred Filed 2 2 1929 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 14, 1929. (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1929 to March 14, 1929.

that I last saw him alive on March 14, 1929.

and that death occurred, on the date stated above, at 8.45 P. M.

The CAUSE OF DEATH was as follows:

Chronic Interstitial nephritis. Uraemia.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY Oedema of lungs (SECONDARY) (duration) yrs. mos. 2 ds.

17 Where was disease contracted Winthrop, Mass. if not at place of death?

Did an operation precede death? No. Date of.

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination

(Signed) Francis M. McMurray, M.D.

(Address) 101 Peabody St. Fitchburg

Date March 16, 1929. (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Bernard's Fitchburg (Cemetery) (City or town) DATE OF BURIAL Mar. 18 1929

19 UNDERTAKER John R. Smith Co. ADDRESS 243 Water Permit #5952

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or even up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *2d day*; *Bronchopneumonia* (secondary), *10 day*. Never report mere symptoms or terminal conditions, such as "Anthraxis," "Anemia," (merely symptomatized), "Atrophy," "Colic," "Coma," "Convulsions," "Labidity," "Congestial," "Senile," "Lapse," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pneumonia"; if secondary, give primary cause.

Cardiacs will be returned for additional information when the give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or his agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —Gen. Laws, Chap. 114, Sec. 45.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —Gen. Laws, Chap. 89, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —Gen. Laws, Chap. 89, Sec. 7.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

(City or town)

City or Town

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence

No.

Ward

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days

How long in U. S., if of foreign birth?

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

15 DATE OF DEATH

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

16 I HEREBY CERTIFY, That I attended deceased from

19

29

to

19

29

that I last saw him

alive on

19

29

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows: (State fully)

8:30 a m.

6 AGE

Years

Months

Days

IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant (Address)

14

Filed (Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. H. Childers

Official position

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Date of issue of permit

mar. 16/29

Permit No.

10-89

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Mar. 16. 1929

EXTRACTS

FROM THE LAWS OF THE

GOVERNING THE

No undertaker or other person shall bury or otherwise dispose

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, no undertaker or other person shall ex-
pose a human body and remove it from a town, or from one town to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of a town where the body is buried. No such permit shall be issued

Statement of cause of death.—Name, first the Disease Cause and Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typical fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is generic); *Tuberculosis of lung*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing report, mere symptoms or terminal conditions, such as "Ashe-nia," *Anemia* (nearly synonymous), "Anthrax," "Collapse," "Coma," "Convulsions," "Dysentery," "Diarrhea," "Epilepsy," etc.), "Dropsy," "Exhaustion," "Old age," "Shock," "Hemorrhage," "Hantion," "Marasmus," "Old age," "Shock," "Hemorrhage," etc.), "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

1. The first part of the paper is devoted to the study of the asymptotic behavior of the solutions of the system (1) as $\epsilon \rightarrow 0$. It is shown that the solutions of the system (1) converge to the solutions of the system (2) in the sense of the weak convergence in the space $L^2(\Omega; \mathbb{R}^n)$.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 11, Sec. 46 G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Winthrop Suffolk State Mass Registered No. 62
 City or Town Winthrop No. 33 Atlantic St. St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John MacDonald
 (If U. S. War Veteran, specify WAR)

(a) Residence. No. 33 Atlantic St St., Ward,
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

5a If married, widowed, or divorced
 HUSBAND of (or) WIFE of Christy MacLeod

6 AGE Years Months Days IF LESS than 1 day,hrs. ormin.
76

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith
 (b) Name of employer

8 BIRTHPLACE (City) Princeville
 (State or country) Cape Breton

9 NAME OF FATHER Donald

10 BIRTHPLACE OF FATHER (City) Cape Breton
 (State or country)

11 MAIDEN NAME OF MOTHER Jessie Mac Intyre

12 BIRTHPLACE OF MOTHER (City) Scotland
 (State or country)

13 Informant Christy MacDonald
 (Address) 33 Atlantic St

14 Filed Apr 8 1924
 (Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 20 1924
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from March 10 1924, to March 20 1924
 that I last saw him alive on March 19 1924

and that death occurred, on the date stated above, at 3:30 A. M.
 The CAUSE OF DEATH was as follows: (State fully)

Coronary Artery

(duration) yrs. mos. ds.

CONTRIBUTORY Arterio-sclerosis
 (Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death. No For what

Date of operation

Was there an autopsy. No

What test confirmed diagnosis

(Signed) C. J. MacLeod, M. D.

(Address) Winthrop

Date 3/10/24

18 PLACE OF BURIAL, CREMATION, OR REMOVAL River Inhabitants Cape Breton

(Cemetery) (City or town) 3/28/29

19 UNDERTAKER

John F. C. Moley ADDRESS Winthrop

Official position

Date of issue of permit

Permit No. 1174

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *physician*, *compositor*, *architect*, *locomotive engineer*, *civil engineer*, *stationary engineer*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Automobile factory*, (c) *Saltman*, (b) *Cotton mill*, (c) *Dealer*, etc., with- turn "Laborer," "Foreman," "Manager," etc., with- out more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *House- work*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Cause- ing Death (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneu- monia", unqualified, is indefinite); *Tuberculosis of lungs*, *men- tiges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of..... (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *days*, *Bronchopneumonia* (secondary), 10 *days*. Never report mere symptoms or terminal conditions, such as "Asphe- nia," "Anemia" (merely symptomatic), "Atrophy," "Colap- sic," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Prosy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puereral *septicemia*," "puereral peri- tonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Associa- tion.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, granular, gastritis, erysipelas, meningitis, mis- carriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forth- with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the de- ceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the dura- tion of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall ex- hume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement con- taining the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for suffi- cient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a mem- ber of the board of health, or employed by it or by the select- men for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by vio- lence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such state- ment and certificate, shall forthwith countersign it and trans- mit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the common- wealth until he has received a permit, so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Wentworth
(City or town)

PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 1544

City or Town Mattress No. 37 Ocean Ave St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Mrs. White Locke

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 137 A Euclid Ave Lynn Ward

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word)

Female White Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rubin

6 AGE Years Months Days if less than 1 day.... hrs. or.... min.
77 11 0

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper

(b) Name of employer

8 BIRTHPLACE (City) St. Johns

(State or country) New Brunswick

9 NAME OF FATHER James Robinson

10 BIRTHPLACE OF FATHER (City) New Brunswick

(State or country)

11 MAIDEN NAME OF MOTHER Unable to learn

12 BIRTHPLACE OF MOTHER (City) New Brunswick

(State or country)

13 Informant Enos Jallota

(Address) 137A Euclid Ave Lynn

14 Filed 15-44

(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by Wm. H. Childress

Official position Agent

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 23 - 1929

(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

for Poisoning

accidental

Found collapsed in 2nd floor room at 37 Ocean Ave Wentworth.

(See reverse side for description for unknown person)

17 In what City or town was injury sustained? Wentworth

(Signed) M. D.

(Address) 574 Ocean Ave

Medical Examiner for

Date March 23 1929

(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Oak Grove

(Cemetery) (City or town) Lynn

DATE OF BURIAL

3/26/29

(Month) (Day) (Year)

19 UNDERTAKER

J. C. Goodrich

ADDRESS Lynn

21 Date of issue Mar 24/29 Permit No. 15-91

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased,

or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . .—*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

. . . A medical examiner has no right to delay filing the certificate referred to (death certificate) until judicial inquiries have been concluded and certified, . . .—*Extract from Opinion of the Attorney General, July 29, 1926.*

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medicolegal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

THIS IS A PERMANENT RECORD
MAR 23 1929
RECEIVED FROM SHERRILL
DEPT. OF HEALTH

17, 148

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Mass. Registered No. 64
City or Town Winthrop Community Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No. Winthrop 37 Ocean St. Ward. 1st
(Usual place of abode) (If in the Army or Navy of the United States, give rank, organization, etc.)
(If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 AGE Years Months Days if less than 1 day, hrs. or mo.
— 8

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)
(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)
(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)
(State or country)13 Informant
(Address)14 Filed Bessie S. Lodge REGISTRAR
(Month) (Day) (Year)

20 Burial permit issued by

Official position

21 Date of issue

Permit No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 24 1929
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Poisoning by illuminating gas with subconjunctal edema of the lung, accidental.[Orbit & water healing appearance open and lacerated.]

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) James P. Maguire, M.D.
(Address) WinthropMedical Examiner for SuffolkDate March 25 1929
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Holy Cross Malden
(Cemetery) (City or town)

DATE OF BURIAL

Mar 26/29
(Month) (Day) (Year)

19 UNDERTAKER

John F. Moley

ADDRESS

Winthrop

March 3. Depth ant
March 24. 1929

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON

(City or town)

I PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

65

City or Town

Boston

No.

16 Almont

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Louis Rubinstein

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

16 Almont

St.,

Ward.

Winthrop

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

4 years

months

days

How long in U. S., if of foreign birth?

40 years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Bessie Cohen

6 AGE

65

Years

Months

Days

If LESS than
1 day, ___ hrs.
or ___ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Carpenter

(b) Name of employer

8 BIRTHPLACE (City)

Russia

(State or country)

9 NAME OF FATHER

Morris A. Rubinstein

10 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

11 MAIDEN NAME OF MOTHER

Cannot be learned

12 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

13 Informant

Bessie Rubinstein

(Address)

16 Almont St.

14 Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 26

1929

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

March 24, 1929, to March 26, 1929

that I last saw him alive on March 23, 1929

and that death occurred, on the date stated above, at 5:30 A.M.

The CAUSE OF DEATH was as follows:

Chronic nephritis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ___ yrs. ___ mos. ___ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? ___ Date of ___

Was there an autopsy? ___

If under one year, was infant Breast Fed? ___

What test confirmed diagnosis?

(Signed) ___ M. D.

(Address)

Date

March 26 1929

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

New York City N. Y.

(Cemetery)

(City or town)

DATE OF BURIAL

Mar. 27 1929

19 UNDERTAKER

Maurice Stanley

ADDRESS

Boston

Official position

Health Officer

Date of issue

Permit

3/26/29

Permit

NO. 1292

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcinoma*, *Sarcoma*, etc., of (name origin, "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) disease need not be stated unless important. Example: *Malaria* (disease causing death), *2d da.*, *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Transition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained easily enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____,

that I last saw h _____ alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY

(SECONDARY)

17 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death? _____ Date of _____

Was there an autopsy?

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed) _____, M. D.

(Address) _____

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Official
positionDate of
issue
of permitPermit
NO.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the certificate will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinster, (b) Cotton mill, (a) Saleswoman, (b) Grocery*; (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the business causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of, "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestant," "Senile," etc., "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, neuritis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATE BOARD OF HEALTH OF FLORIDA

BUREAU OF VITAL STATISTICS

Permit No. 570

County Dade
Precinct
(Write name, not number)

Inc. Town Miami
or
City Robt. J. Gore

Full name Robt. J. Gore; Age 66; Sex M; Color W

Disease causing Death Cardiac dilatation

Date of death 3/27, 1929

Removal to E. Boston Mass., via 1

Undertaker King and Co. Address

A Certificate of Death having been filed in my office in accordance with the Laws of Florida, I hereby authorize the removal and burial of the body of said deceased person as stated above.

Dated 3/28 1929 Registrar's Signature J. H. B. B. B.

Burial Permits must be delivered by the undertaker to the sexton or other persons in charge of the burial ground or cemetery where burial takes place. When the body is to be shipped to a distant point, requiring the service of a common carrier, in addition to the Removal Permit, the body must be accompanied by a Transit Label as required by the State Board of Health. For full particulars see Rules and Regulations governing the transportation of dead bodies.

Sexton's Signature Date of Interment 19

This permit must be endorsed by the sexton and returned to the Local Registrar of his district within ten days. If there is no sexton or person in charge of burial ground, the undertaker or person acting as such, shall sign same as sexton, giving date of interment. Write across face of permit the words, "No person in charge," and return to Local Registrar of the district in which interment is made within ten days.

INSTRUCTIONS TO PASSENGER ACCOMPANYING REMAINS

This Burial and Removal Permit must be filled out by the Local Registrar of the registration district in which the death occurred from information stated on the Death Certificate, over his signature.

The transportation company's agent or baggagemaster must detach this portion of the permit and hand it to the person authorized to accompany the remains.

If the body is shipped by express, the express agent must detach this portion of the Transit Permit and attach it to the Waybill, as it must accompany the remains to its destination. The receiving agent to turn over this Permit to the receiving undertaker, or person to whom the body is delivered.

5. 11. 11 . The passenger accompanying the remains must deliver this Permit to the undertaker or person having charge of the burial of the body.

This Permit authorizes the burial of the body of the deceased named on the reverse side of this Permit at any place in the State of Florida.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

67

City or Town

Dorchester

No.

57 Emerson Rd

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Emma A. Hodgkins

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

57 Emerson Rd, Dorchester

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

10 years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female White Widowed

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Luther D. Hodgkins

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

84

6

5

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

Salem.

(State or country)

Mass.

9 NAME OF
FATHER

Calvin Berchley

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Unknown

11 MAIDEN NAME
OF MOTHER

Sarah Sanborn

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Unknown

13

Informant

(Address)

Mrs. Shatter Dechler
57 Emerson Rd, Dorchester

14

Filed

Apr 8, 1929

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

3

28

29

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

3/20, 1929, to 3/28, 1929,

that I last saw him alive on 3/28, 1929,

and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH was as follows:

Pneumo-Pneumonia

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

General Arteriosclerosis

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of ____

Was there an autopsy? No

If under one year, was infant Breast Fed? No

What test confirmed diagnosis?

(Signed)

Harvey G. Gately

M. D.

(Address)

100 Pleasant St

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Dorchester Cemetery

DATE OF BURIAL

3/30/29

19 UNDERTAKER

P. Kirby

ADDRESS

East Boston

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. L. Childress

Official
position

Agent

Date of
issue of
permit

3/30/29

Permit
NO.

1595

INSTRUCTIONS TO PHYSICIANS: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000 9-25 NO. 2662-3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Associations)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesenteric* (disease causing death), *29 da.*, *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, whether the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH (City or town) _____
 County Suffolk State Mass Registered No. 68
 City or Town Winthrop No. 480 St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Mary Lightbody
 (If U. S. War Veteran, specify WAR)
 (a) Residence. No. 480 St., _____ Ward, _____
 (Usual place of abode) (If non-resident, give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
 4 COLOR OR RACE White
 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of James
 6 AGE Years 68 Months _____ Days _____ IF LESS than 1 day, _____ hrs. or _____ min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife.
 (b) Name of employer _____

8 BIRTHPLACE (City) Cape Breton
 (State or country) _____

9 NAME OF FATHER

Daniel Mac Dougal

10 BIRTHPLACE OF FATHER (City)

(State or country) Cape Breton

11 MAIDEN NAME OF MOTHER

MacNeil

12 BIRTHPLACE OF MOTHER (City)

(State or country) Cape Breton

13

Informant

(Address) Mary O'Keefe
242 Paris St. E Boston

14

Filed

(Month) (Day) (Year) Apr 8 1929

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 29 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from _____

_____, 19____, to _____ 19____
 that I last saw him alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.
 The CAUSE OF DEATH was as follows: (State fully)

Natural Causes.
Probably Chronic myocarditis
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death _____

Did an operation precede death. _____ For what _____

Date of operation _____

Was there an autopsy. YesWhat test confirmed diagnosis Postural investigation(Signed) Raymond B Parker. M. D.(Address) Winthrop Board of Health.Date March 29 1929.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross malden
(Cemetery) (City or town)

DATE OF BURIAL

3/31/29

19 UNDERTAKER

John J. O'Malley
Winthrop

ADDRESS

Winthrop

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official Position

Date of issue of permit

Permit No. 1373

WRITE IN FULLY WRITING IN PLAIN TERMS. AGE should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

mean. 29.1929

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*. *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness, the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of "....." (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*. Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *da.*; *Bronchopneumonia* (secondary), 10 *da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, nephrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating, to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a tomb, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a tomb, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original incement, by a satisfactory certificate of the attending physician, if, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration as to the other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the incement is made.—*Chap. 114, Sec. 46, G. L., as amended.*

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N-100

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Wintthrop
(City or town)

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

St.

Ward

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER

10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March

29

1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Nov 17

, 19

28

to

March 29

1929

that I last saw him alive on

March 28

1929

and that death occurred, on the date stated above, at

7

A. M.

The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of Caecum and
ascending Colon
about (duration) 5 yrs. - mos. - ds.

CONTRIBUTORY
(Secondary)

None

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death Nov 8/ For what Abstruction of

Date of operation intestines 26 [Intestinal anastomosis]

Was there an autopsy

No

What test confirmed diagnosis

Surgical & clinical

(Signed)

Oswell E. Johnson

, M. D.

(Address)

123 Wintthrop St Wintthrop

Date

March 30 - 1929

Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Cedar Grove

Dorchester

(Cemetery)

(City or town)

DATE OF BURIAL

3/30/29

19 UNDERTAKER

Chas R. Johnson

ADDRESS

Wintthrop

Official
position

Health Officer

Date of
issue
of permit

3/30/29

Permit
No.

107

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Caril engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The matter worked on may form part of the second statement. Never return "Laborer," "Portman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Host wife*, *Housewife*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metriores*, *peritonitis*, etc., *Carcinoma*, *Sarcoma*, etc., "Of....." (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," "merely symptomatic," "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Wakiness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood, convulsions hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of any such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the places thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass Registered No. 72
 City or Town Winthrop No. 22 Harvard St., Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Crone
 (If U. S. War Veteran, specify WAR)
 (a) Residence. No. 22 Harvard St St., Ward,
 (Usual place of abode) (If non-resident, give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Single

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6 AGE Years Months Days IF LESS than
 1 day 16 hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City) Winthrop
 (State or country) Mass.

9 NAME OF FATHER Raymond

10 BIRTHPLACE OF FATHER (City) Providence
 (State or country) R. I.

11 MAIDEN NAME OF MOTHER Rita M. Connack

12 BIRTHPLACE OF MOTHER (City) Canada
 (State or country)

13 Informant Mrs. Crovan
 (Address) 20 Harvard St.

14 Filed Apr 8/1929
 (Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 5, 1929
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Apr 4, 1929, to April 5, 1929
 that I last saw her alive on Apr 4, 1929.

and that death occurred, on the date stated above, at 4 A. m.
 The CAUSE OF DEATH was as follows: (State fully)

Premature Birth 7 1/2 mo.

(duration) yrs. mos. ds.

CONTRIBUTORY
 (Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death 22 Harvard St

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis Physical Exam

(Signed) Samuel B. Goldberg, M. D.

(Address) 31 Wave Way apt. 1

Date April 5, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Holy Cross Malden
 (Cemetery) (City or town)

DATE OF BURIAL

3/7/29

19 UNDERTAKER

John F. O'Malley Winthrop

Date of issue of permit 52 Permit No. 1577

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer*, or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Pneumopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Sarcinoma*, *Sarcoma*, etc., of " " " " (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as, "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always qualify all diseases resulting from childhood or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, erysipelas, erythema, meningitis, myelitis, tetanus, necrosis, peritonitis, plebitis, pyemia, septicemia,

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass. Registered No. 73
 City or Town Winthrop No. Winthrop Community Hosp. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Boyle
 (If U. S. War Veteran, specify WAR)

(a) Residence. No. 45 Pleasant St. Revere Ward,
 (Usual place of abode) (If non-resident, give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here
Stillborn

7 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) Name of employer

8 BIRTHPLACE (City) (State or country)

9 NAME OF FATHER William Boyle
 10 BIRTHPLACE OF FATHER (City) Chelsea (State or country) Mass.
 11 MAIDEN NAME OF MOTHER Mary Doherty
 12 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

13 Informant William Boyle (Address) 45 Pleasant St. Revere

14 Filed Apr 8, 1929 REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 5, 1929
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 5, 1929, to April 5, 1929, that I last saw him alive on April 5, 1929

and that death occurred, on the date stated above, at Revere m. The CAUSE OF DEATH was as follows: (State fully)

Asphyxia Monotorum

(duration) yrs. mos. ds.
 CONTRIBUTORY Tropnia of Pregnancy
 (Secondary) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis Prod. Spanderson (Signed) M. D.

(Address) 94 Beach St. Revere

Date April 6, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Michael Boston (Cemetery) (City or town)
 DATE OF BURIAL 4/8/29

19 UNDERTAKER Michael J. Porcella ADDRESS 1070 B. St. Boston

Official position Health Officer Date of issue of permit 4/6/29 Permit No. 1598

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Farmer on the first line*. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 day; *Bronchopneumonia* (secondary), 10 day. "Never report mere symptoms or terminal conditions, such as "Ashenia," "Anemia (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in any war in which it or marine corps of the United States in any way in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial place in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER of DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Winthrop.
(City or town)

1 PLACE OF DEATH

County

City or Town

State

Registered No.

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence. No.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St.,

Ward.

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married.

5a If married, widowed, or divorced

HUSBAND of
~~WIFE~~ of

Jessie Marie Cleveland

6 AGE

Years

Months

Days

If less than
1 day, hrs.
or min.

39

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Mechanical Engineer.

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Denver,
Colorado

9 NAME OF
FATHER

George P. Glaser.

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Germany.

11 MAIDEN NAME
OF MOTHER

Ina M. (Unknown)

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Malden.

Massachusetts.

13 Informant

(Address)

Mrs. Marie Glaser
34 Johnson Ave.

14

Filed

(Month) (Day) (Year)

23, 1929

REGISTRAR

20 Burial permit
issued by

Wm. L. Childress

Official
position

Health Officer

21 Date of
issue

4/8/29

Permit
No.

1529

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

April 6

1929

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:

Bullet wound of the
chest, Suicidal

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

Lily B. B. Magath, M.D.

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

April 7, 1929.

18 PLACE OF BURIAL, CREMATION, or REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

(Month) (Day) (Year)

19 UNDERTAKER

ADDRESS

O R Benson

Winthrop

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as herein-after provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

April 6, 1929

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

County Essex State Mass. Registered No. 75 (Place of death)
City or town Danvers No. Danvers State Hospital St. Ward (Place of residence)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sarah L. Cushman

(a) Residence. State Mass. City or Town Winthrop No. 73 Otis St.
(Usual place of abode)

Length of residence in city or town where death occurred years 2 months 3 days 0 How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a If married, widowed, or divorced Name of { HUSBAND (or) WIFE John P. Cushman

6 AGE 52 Years Months Days If LESS than 1 day, ... hrs. or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work housework (b) Name of employer

8 BIRTHPLACE (city or town) Boston, Mass. (State or country)

9 NAME OF FATHER Benjamin V. Brown,

10 BIRTHPLACE OF FATHER (city or town) Boston, Mass. (State or country)

11 MAIDEN NAME OF MOTHER Josephine Bassey

12 BIRTHPLACE OF MOTHER (city or town) Boston, Mass. (State or country)

13 Informant Gertrude F. Smith, (Address) H. C. Lane

14 Filed 4/9/29, 19 29 Registrar of city or town where death occurred
Filed 4/9/29, 19 29 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

April 7, 1929

15 DATE OF DEATH (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 1, 19 28, to April 7, 19 29

that I last saw her alive on April 7, 19 29

and that death occurred, on the date stated above, at 9.30A. m.
The CAUSE OF DEATH was as follows: (State fully)

Lobar pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis clin. findings

(Signed) Edgar C. Yerbury, M. D.

(Address) Hathorne

Date April 8, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn Cemetery Everett (City or town)

DATE OF BURIAL

4/9/29 19 29

19 UNDERTAKER

Frank E. Brown

ADDRESS

Boston

David H. Cushman

April 7, 1929

plid. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

2,000,000, 9-26, NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)
Registered No. 76

1 PLACE OF DEATH
County Suffolk State Massachusetts
City or Town Winthrop No. Winthrop Community Hospital Ward 7
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Tridos Rodopoulos
(If U. S. War Veteran, specify WAR)

(a) Residence, No. 34 Revere St., Ward,
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 18 years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5a If married, widowed or divorced <u>HUSBAND of</u> <u>(or) WIFE of</u> <u>Triantos Rodopoulos</u>				
6 AGE <u>39</u>	Years <u> </u>	Months <u>11</u>	Days <u>26</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
IF STILLBORN, enter that fact here				

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) Name of employer

8 BIRTHPLACE (City)
(State or country) Greece.

PARENTS	
9 NAME OF FATHER <u>George Stathopoulos</u>	10 BIRTHPLACE OF FATHER (City) (State or country) <u>Greece.</u>
11 MAIDEN NAME OF MOTHER <u>Theodora (Unable to obtain last name)</u>	12 BIRTHPLACE OF MOTHER (City) (State or country) <u>Unable to obtain</u>

13 Informant Triantos Rodopoulos
(Address) 34 Revere St.

14 Filed Apr 23, 1929
(Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. L. Gibson

MEDICAL CERTIFICATE OF DEATH	
15 DATE OF DEATH <u>April 15, 1929</u> (Month) (Day) (Year)	16 I HEREBY CERTIFY, That I attended deceased from <u>April 10, 1929</u> , to <u>April 15, 1929</u> that I last saw her alive on <u>April 15, 1929</u> and that death occurred, on the date stated above, at <u>10:30 A. M.</u> The CAUSE OF DEATH was as follows: (State fully) <u>Left femoral hernia</u>
(duration) <u>2</u> yrs. <u>+</u> mos. <u> </u> ds.	
CONTRIBUTORY <u>Acute dilatation of heart</u> (Secondary) <u>12 hours</u> (duration) <u> </u> yrs. <u> </u> mos. <u> </u> ds.	
17 Where was disease contracted if not at place of death.	
Did an operation precede death <u>Yes</u> For what <u>Hernia cure</u>	
Date of operation <u>12 April, 1929</u>	
Was there an autopsy <u>No</u>	
What test confirmed diagnosis <u>Physical exam.</u>	
(Signed) <u>R. J. Clason</u> , M.D.	
(Address) <u>366 Commonwealth Ave</u>	
Date <u>15 April, 1929</u> <u>Boston</u>	

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Forestdale Malden.
(Cemetery) (City or town)

19 UNDERTAKER
Charles R. Bennison
DATE OF ISSUE 4/23/29
Permit No. 1071

Official position Health Officer

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained, and if the body is to be buried, the certificate shall be signed and transmitted to the clerk of the town for registration, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Carpenter, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saddenman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Porter," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not painfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"; *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carbuncle, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERINEAL septicemia," "PERINEAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chudbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phibolitis, pyæmia, septicæmia, tetanus.

Medical Examiner's Certificate of Death

Boston

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County **Suffolk** StateRegistered No. **4504**City or Town **Boston**No. **PETER BENT BRIGHAM HOSPITAL** St., **Ward**

2 FULL NAME

EDWARD F. BRENNAN

(If non-resident, give city or town and State)

(a) Residence. No. **56 ENFIELD**

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St., **Ward. WINTHROP, MASS.**

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**M.**

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of**THERESA A.****Flanagan**

6 AGE

Years

Months

Days

If less than

1 day, hrs.
or min.**31****11****20**

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**CHAUFFEUR**

(b) Name of employer

8 BIRTHPLACE (city or town)

BOSTON

(State or country)

MASS.

9 NAME OF FATHER

EDWARD F.

10 BIRTHPLACE OF FATHER (city or town)

BOSTON

(State or country)

MASS.

11 MAIDEN NAME OF MOTHER

MARGARET RYAN

12 BIRTHPLACE OF MOTHER (city or town)

BOSTON, MASS.

(State or country)

13 Informant

FATHER

(Address)

56 ENFIELD ST. WINTHROP

14 Filed

APRIL 24 1929

Registrar of city or town where death occurred

Filed

APRIL 27 1929

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

APRIL 18, 1929

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof
are as follows:NATURAL CAUSES. ABSCESS OF BRAIN
WITH EXTENSION INTO THE LATENT SINUS
LEFT, WITH ACUTE PURULENT MENINGITIS
OF THE CEREBELLUM POSSIBLY ASSOCIATED
WITH ARRESTED TUBERCULOSIS. JURISDIC-
TION TAKEN BY REASON OF OBSCURE
HISTORY.17 Where was injury sustained
if not at place of death?(Signed) **GEORGE BURGESS MAGRATH**, M.D.(Address) **BOSTON****SUFFOLK**

Medical Examiner for

Date

APRIL 19, 1929

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

HOLY CROSS, MALDEN

DATE OF BURIAL

4-22-29

(Month) (Day) (Year)

19 UNDERTAKER

F. A. MAGRATH

ADDRESS

20 Burial permit
issued byOfficial
position21 Date of
issue

Edward T. Burman
April 18, 1929

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

Registered No. 4621

(Place of death)

County Suffolk

State

Registered No.

(Place of residence)

City or town Boston

No. CHILDRENS HOSPITAL

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JANE BURGHER

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

72 TEMPLE

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

S.

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE

6 AGE

Years

10

Months

11

Days

10

If LESS than

1 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

SCHOLAR

(b) Name of employer

8 BIRTHPLACE (city or town)

WINTHROP
MASS.

(State or country)

9 NAME OF
FATHER

STEPHEN L.

10 BIRTHPLACE OF
FATHER (city or town)BOSTON
MASS

(State or country)

11 MAIDEN NAME
OF MOTHER

BLANCHE M. TUTHILL

12 BIRTHPLACE OF
MOTHER (city or town)ORIENT LONG ISLAND
N. Y.

(State or country)

13

Informant FATHER

(Address) 72 TEMPLE AVE. WINTHROP

14

Filed APR. 27, 1929 E. W. M. Glenew
Registrar of city or town where death occurred

Filed May 2, 1929

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

APRIL 23, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

APR. 17, 1929 to APRIL 23, 1929

that I last saw h ER alive on

APR 23, 1929

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH was as follows: (State fully)

MULTIPLE EPIDURAL ABSCESSSES

(duration) yrs. mos. 8 ds.

CONTRIBUTORY
(SECONDARY)

SPINAL MENINGITIS

(duration) yrs. mos. 4 ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) H. D. PYLE, N. D.

(Address)

Date

APRIL 23, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WINTHROP, WINTHROP

(Cemetery)

(City or town)

DATE OF BURIAL

4-25, 1929

19 UNDERTAKER

F. E. BROWN

ADDRESS

Open. 23. 1929

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

17,229

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 79
City or Town Wentworth Cornish Beach St. 1 Ward 1
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joseph W. Peckham
(a) Residence. No. Wentworth Cornish Beach Ward. 1
(Usual place of abode) (If in the Army or Navy of the United States, give rank, organization, etc.)
Length of residence in city or town where death occurred years months days How long in U.S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emily F. Peckham
6 AGE Years 63 Months 0 Days 0 If less than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clam Digger
(b) Name of employer

8 BIRTHPLACE (City)

(State or country) So Hampton England

9 NAME OF FATHER

Joe W. Peckham

10 BIRTHPLACE OF FATHER (City)

(State or country) England

11 MAIDEN NAME OF MOTHER

Not Known

12 BIRTHPLACE OF MOTHER (City)

(State or country) England

13

Informant Nephew Ed. James Peckham
(Address) 131 W 83 st N.Y.C.

14

Filed April 20, 1929 REGISTRAR

20 Burial permit issued by

Wm. L. Childress Official position Health Officer

21 Date of issue

4/27/29

Permit No.

1298

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 20, 1929
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

Natural Causes, character
indeterminate. Presumably hemorrhage
spontaneous of the brain (Clinical
history of hypertension)

I died suddenly at my home

(See reverse side for description for unknown person)

17 Where was injury sustained if not at place of death?

(Signed) Lucy Bryan Reynolds M.D.
(Address)

Medical Examiner for Suffolk

Date April 26, 1929
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

Woodlawn
(Cemetery) (City or town)

DATE OF BURIAL

4-27-29
(Month) (Day) (Year)

19 UNDERTAKER

W. T. White

ADDRESS

10 Wentworth

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*General Laws, Chapter 46, Section 9.*

. . . No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health . . . , or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health . . . or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, . . . or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*General Laws, Chap 114, Sec. 45 as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . *General Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical examiners will investigate and certify to all deaths supposedly due to violence. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)," "Heart disease, presumably coronary sclerosis. (Sudden death)."

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Apr. 25, 1929

may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No.

PETER BENT BRIGHAM HOSPITAL

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

LENA M. GOULD

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

24 UNDERHILL

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

M.

5a If married, widowed, or divorced

Name of { **HUSBAND**
(or) WIFE

HOWARD

6 AGE

Years

66

Months

2

Days

If LESS than

1 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

NONE

(b) Name of employer

8 BIRTHPLACE (city or town)

BOSTON

(State or country)

MASS.

9 NAME OF
FATHER

GILBERT D. BUGBEE

10 BIRTHPLACE OF
FATHER (city or town)

LUDLOW

(State or country)

VT.

11 MAIDEN NAME
OF MOTHER

CORDELIA S. PRATT

12 BIRTHPLACE OF
MOTHER (city or town)

VERNON

(State or country)

VT.

13 Informant

HUSBAND

(Address)

WINTHROP, MASS.

14 Filed **MAY 14**, 19 **29**

Registrar of city or town where death occurred

Filed **May 22**, 19 **29**

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

MAY 10, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

APRIL 14, 19 **29**, to

MAY 10, 19 **29**

that I last saw h **ER** alive on **MAY 10**, 19 **29**.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows: (State fully)

CHRONIC CARDIAC DISEASE (VASCULAR)

CHRONIC NEPHRITIS

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

BRONCHO PNEUMONIA

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death.

Did an operation precede death For what

Date of operation

Was there an autopsy **YES**

What test confirmed diagnosis **AUTOPSY**

(Signed) **C. L. CLAY**, M. D.

(Address)

Date **MAY 10, 1929**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

FOREST HILLS CREMATORY

(Cemetery)

(City or town)

DATE OF BURIAL

5-13, 19 **29**

ADDRESS

19 UNDERTAKER

J. S. WATERMAN & SONS

May 10. 1929

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

Registered No. 371

(Place of death)

County SuffolkState Mass.

Registered No. 824

(Place of residence)

City or town ChelseaNo. Chelsea Memorial Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ----Quirk

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.City or Town WinthropNo. 63 Freemont

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Female White--5a If married, widowed, or divorced
Name of { HUSBAND
(or) WIFE

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.1
20

If STILLBORN, enter that fact here.

15 DATE OF DEATH

May 10, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

May 9, 1929, to May 10, 1929that I last saw her alive on May 10, 1929and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH was as follows: (State fully)

Congenital heart. (Heart became very
irregular 6 hours before birth. She
was found compressed and was unable
to stabilize heart action).

(duration) yrs. mos. d.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. d.

17 Where was disease contracted
if not at place of death Chelsea Memorial Hospital

Did an operation precede death For what

Date of operation

Was there an autopsy noWhat test confirmed diagnosis clinical(Signed) R. W. Layton(Address) Winthrop, Mass.Date May 10, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop, Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

May 10, 1929

ADDRESS

Winthrop

19 UNDERTAKER

C. R. Bennison

1 PLACE OF DEATH

County SuffolkState Mass.City or town ChelseaNo. Chelsea Memorial Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ----Quirk(a) Residence. State Mass.City or Town WinthropNo. 63 Freemont

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Female White--5a If married, widowed, or divorced
Name of { HUSBAND
(or) WIFE

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.1
20

If STILLBORN, enter that fact here.

15 DATE OF DEATH

May 10, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

May 9, 1929, to May 10, 1929that I last saw her alive on May 10, 1929and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH was as follows: (State fully)

Congenital heart. (Heart became very
irregular 6 hours before birth. She
was found compressed and was unable
to stabilize heart action).

(duration) yrs. mos. d.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. d.

17 Where was disease contracted
if not at place of death Chelsea Memorial Hospital

Did an operation precede death For what

Date of operation

Was there an autopsy noWhat test confirmed diagnosis clinical(Signed) R. W. Layton(Address) Winthrop, Mass.Date May 10, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop, Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

May 10, 1929

ADDRESS

Winthrop

19 UNDERTAKER

C. R. Bennison13 Informant Richard
(Address) 63 Freemont St., Winthrop14 Filed May 10, 1929
Registrar of city or town where death occurredFiled May 25, 1929
Registrar of city or town where deceased resided

may be properly classified. Exact statement of OCCUPATION is very important.

May 10. 1929

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BROOKLINE

(City or town)

1 PLACE OF DEATH

County NORFOLK

State MASSACHUSETTS

Registered No. 225

(Place of death)

City or Town BROOKLINE

No. COREY HILL HOSPITAL

Registered No.

(Place of residence)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HARRY E. BROWNE

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASSACHUSETTS

City or Town WINTHROP

No. 30 GROVERS AVE

St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a If married, widowed, or divorced

HUSBAND of (or WIFE of)

Annie May Slater

6 AGE 64 Years Months Days If LESS than 1 day, hrs. or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Insurance Agent

(b) Name of employer

8 BIRTHPLACE (city or town) Portland

(State or country)

Maine

9 NAME OF FATHER

James T. Browne

10 BIRTHPLACE OF FATHER (city or town)

Portland

(State or country)

Maine

11 MAIDEN NAME OF MOTHER

Anna Belle Moody

12 BIRTHPLACE OF MOTHER (city or town)

Portland

(State or country)

Maine

13

Informant

Wife

(Address)

#30 Grovers Ave. Winthrop

14

Filed May/13, 1929

Redd, J. B. Registrar of city or town where death occurred

Filed, 19

Registrar of city or town where deceased resided

15 DATE OF DEATH MAY 13 1929 (Month) (Day) (Year)

16

I HEREBY CERTIFY, That I attended deceased from

May 6, 1929, to May 13, 1929,

that I last saw him alive on May 13, 1929,

and that death occurred, on the date stated above, at 10.10a.m.

The CAUSE OF DEATH was as follows:

Peritonitis following acute ruptured gangrenous Appendicitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY Ill health due to overwork (SECONDARY)

(duration) yrs. ? mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5/6/1929

Was there an autopsy? no

What test confirmed diagnosis? Examination of Appendix

(Signed) Letitia Douglas Adams, M.D.

(Address) #82 Commonwealth Ave. Boston

Date May 13 1929 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Fairview--W. Hartford, Conn.

May/16 19 29

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Charles R. Bennison

Winthrop

causation supplied. All causes should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plowman*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (1) *Spinster*, (2) *Cotton mill*; (3) *Salesman*, (4) *Grocery*; (5) *Foreman*, (6) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (printed, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphentria* (avoid use of "Croup"); *Typhoid fever* (never meningitis); "Pneumonia," unqualified, is indefinite; *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., or,..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk State Mass Registered No. Winthrop
County Winthrop No. 195 Pleasant St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Martha E. Rausch
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 195 Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a If married, widowed or divorced HUSBAND of (or) WIFE of
6 AGE 42 Years Months Days If LESS than 1 day, 9 hrs. or 9 min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass.

9 NAME OF FATHER Robert Rausch

10 BIRTHPLACE OF FATHER (City) Germany
(State or country)

11 MAIDEN NAME OF MOTHER Anna F. Gurschin

12 BIRTHPLACE OF MOTHER (City) Germany
(State or country)

13 Informant Mr. Robert Rausch
(Address) 195 Pleasant St. Winthrop

14 Filed 21 1929
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childress
u.d.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 5 13 29
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 2, 1929, to May 13, 1929, that I last saw her alive on May 13, 1929, and that death occurred, on the date stated above, at 10⁴⁰ pm. The CAUSE OF DEATH was as follows:

Lobar pneumonia

(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY Violent
(SECONDARY) (duration) 1 yrs. 1 mos. 1 ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) J. J. Kelly, M. D.

(Address) 100 Pleasant

Date 5 14 29
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn Cemetery
(Cemetery) (City or town)

DATE OF BURIAL

May 16 29

19 UNDERTAKER

Frank E. Brown East Boston

ADDRESS

Official position H.O.

Date of issue of permit May 16 29 Permit NO. 1594

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plasterer*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; it should be used only when needed. As for the latter statement, it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (c) *Salesman*, (d) *Grocery*; (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases*, *peritonum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 28 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascribed to the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbed, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . —*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

(City or town)

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND OF
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day,hrs.
ormin.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

June 26, 1929, to

May 13, 1929

that I last saw him alive on

May 12, 1929

and that death occurred, on the date stated above, at

1504 m.

The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of Cervix of
uterus

(duration) 4 yrs. - mos. - ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. - mos. - ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

yes

For what Carcinoma

Date of operation

March 25 - 1929

Was there an autopsy

no

What test confirmed diagnosis

microscopic

(Signed)

Owelle E. Johnson, M. D.

(Address)

123 Belmont St

Date

May 15/29 Winthrop

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

May 15/29

19 UNDERTAKER

ADDRESS

Charles R. Brown

Winthrop

Date of
issue

of permit May 15/29

Permit No. 1593

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mucosae: Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mucosae* (disease causing death), 29 *ds.*: *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," "Infantile," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Pneumopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, setting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed, to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original inquest, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Wintthrop

1 PLACE OF DEATH

County

Norfolk.

State

Mass.

(City or town)

City or Town

Wintthrop

No.

177 River St.

Registered No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John W. Mollerstrom

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

177 River St.

St.

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

married.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Sophie W. Headblom

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

77

3

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

none

(b) Name of employer

8 BIRTHPLACE (City)

Sweden

(State or country)

PARENTS

9 NAME OF
FATHER

Johan Mollerstrom

10 BIRTHPLACE OF
FATHER (City)

Sweden

(State or country)

11 MAIDEN NAME
OF MOTHER

unknown

12 BIRTHPLACE OF
MOTHER (City)

Sweden

(State or country)

13

Informant
(Address)

Robert Rasmussen

15 Orient Ave, E. Boston.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
position

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt. Hope Boston

(Cemetery)

(City or town)

DATE OF BURIAL

May 19

19 UNDERTAKER

H. Hakeman & Son

ADDRESS

Boston

Date of
issue
of permit

5/18/29

Permit
No.

1595

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall cheerfully furnish for registration any other necessary information which can be obtained, as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or even up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia", "Anemia" (merely symptomatic), "Atrophy", "Collapse", etc.; "Convulsions", "Debility" ("Congenital", "Senile", etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemorrhage", "Hantion", "Marasmus", "Old age", "Shock", "Uremia", "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicaemia", "puerperal peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No. **DEACONESS HOSPITAL**

Registered No. **5379**

(Place of death)

Registered No. **87**

(Place of residence)

City or town

Boston

No. **DEACONESS HOSPITAL**

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

PATRICK J. KENNEDY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**

City or Town **WINTHROP**

No. **97**

WASHINGTON AVE

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

W.

5a If married, widowed, or divorced

Name of { **HUSBAND**
(or) WIFE

MARY HICKEY

6 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.
or ... min.

71

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

RETIRED BANK PRESIDENT

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

MASS.

9 NAME OF
FATHER

PATRICK

10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

IRELAND

11 MAIDEN NAME
OF MOTHER

MARY BARRON

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

IRELAND

13 Informant

CAROLINE A. JACKSON

(Address)

SUPT.

14 Filed

MAY 22, 19 **29**

Registrar of city or town where death occurred

Filed

MAY 27, 19 **29**

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

MAY 18, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

MAR 27

, 19 **29** to

MAY 18

, 19 **29**

that I last saw him alive on

IM

MAY 18

, 19 **29**

and that death occurred, on the date stated above, at

5 P

m.

The CAUSE OF DEATH was as follows: (State fully)

CARCINOMA OF LIVER

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

HEMACHROMATOSIS

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

YES

What test confirmed diagnosis

CLINICAL

(Signed)

S. M. JORDAN

, M. D.

(Address)

Date

MAY 18, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

HOLY CROSS, MALDEN

(Cemetery)

(City or town)

DATE OF BURIAL

5-21

, 19 **29**

19 UNDERTAKER

W. J. DOHERTY

ADDRESS

may 18. 1929

STANDARD CERTIFICATE OF DEATH

Winthrop
~~Boston~~

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 13
City or Town Winthrop No. 62 Sargent St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joanna E. Walsh

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 62 Sargent St. Ward,
(Usual place of abode)
Length of residence in city or town where death occurred 10 years months days. (If non-resident give city or town and state)
How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE Years 89 Months Days IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

Retired

8 BIRTHPLACE (City)

(State or country)

Halifax
Nova Scotia
Richard Walsh

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)
(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

Unknown

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

13

Informant (Address)

Josephine Grady
62 Sargent St. Win

14

Filed

June 4/29
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. D. Childress
U.N.

Official position

Health Officer

Date of issue of permit

May 2/29
Permit No. 1596

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 26 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 21, 1929 to May 26, 1929

that I last saw h alive on May 26, 1929
and that death occurred, on the date stated above, at 4 P m.
The CAUSE OF DEATH was as follows: (State fully)

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

arterio-sclerosis

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

If under one year, was infant Breast Fed?
What test confirmed diagnosis

(Signed) C. J. Mohrney, M. D.

(Address)

Date

5/26/29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

19 UNDERTAKER

Wm. J. Doherty Dorchester

DATE OF BURIAL

May 28 1929

ADDRESS

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Carpenter, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis*, etc., *Carcinoma, Sarcoma*, etc., of..... (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Hypoping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 da; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 89
City or Town Winthrop No. St., -1- Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise Carlton
(If U. S. War Veteran, specify WAR)
(a) Residence. No. 71 Tremont St St., -1- Ward,
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widow
5a If married, widowed, or divorced
HUSBAND of Orin C. Carlton
(or) WIFE of
6 AGE Years 86 Months 5 Days X
IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Niagara
(State or country) Canada

9 NAME OF FATHER John Brownsett
10 BIRTHPLACE OF FATHER (City) England
(State or country)
11 MAIDEN NAME OF MOTHER Not Known
12 BIRTHPLACE OF MOTHER (City) "
(State or country) "

13 Informant Haughton Mrs Grace M. Harden
(Address) 71 Tremont St Winthrop

14 Filed June 4/29
(Month) (Day) (Year)
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH May 29 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 28 1929 to May 29 1929
that I last saw him alive on May 29 1929
and that death occurred, on the date stated above, at 2:30 A m.
The CAUSE OF DEATH was as follows: (State fully)

Central Bronchitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis Throat Microscopic

(Signed) Raymond B. Parker M. D.

(Address) Winthrop Mass

Date May 30 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Winthrop Cemetery Winthrop May 31/29
(Cemetery) (City or town)

19 UNDERTAKER ADDRESS
Walter S. White Winthrop

Official position Health Officer Date of issue 5/31/29 Permit No. 1597

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

May 29. 1929.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Teacher*. For others, a more extended statement is necessary, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Form laborer*, *Laborer—God mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*. Care should be taken to report specifically *school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 years). For persons who have no occupation whatever, write

Statement of cause of death.—Name, first, the Disease Cause and Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cardiobrochial fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (a valid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); unqualified is indefinite; *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of "tumor" (name origin; "cancer" is less definite; avoid use of "neoplasm" for malignant neoplasms); *Mesles*; *Whooping cough*, etc. *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), 29 *da.*; *Bronchopneumonia* (secondary), 10 *da.* Never report mere symptoms or terminal conditions, such as "Asphyxia", "Anemia" (merely symptomatic), "Atrophy", "Colapse", "Coma", "Convulsions", "Debility" ("Congenital", "Senile", etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemorrhage", "Ictantion", "Marasmus", "Old age", "Shock", "Uremia", "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicaemia", "puerperal peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chills, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE -

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall, forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one town to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or, if sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gn. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from the person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

1162

City or Town

Boston

No.

32 Underhill

St.

1

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Burke

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

32 Underhill

St.

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

15 yrs.

mos.

days.

How long in U. S., if of foreign birth

60 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED,

or DIVORCED (write the word)
Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Annie E. Hawkes

6 AGE

74

Years

Months

3

Days

18

IF LESS than

1 day,hrs.
or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Ireland

9 NAME OF
FATHER

James Burke

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Catherine Sherry

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

(Address)

Mrs. F. Nichols
30 Underhill St.

14

Filed

(Month)

(Day)

(Year)

June 8/29 Bessie L. Dodge

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-

ard certificate of death was filed with me

BEFORE the burial or transit permit was issued

W.M.D. Child

Official

position

H.O.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 5, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Jan 1,

1927,

to June 5,

1929.

that I last saw him alive on

June 4,

1929.

and that death occurred, on the date stated above, at

9A

m.

The CAUSE OF DEATH was as follows: (State fully)

Myocarditis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(Secondary)

arterio-sclerosis

(duration)

yrs.

mos.

ds.

17 Where was disease contracted

if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed)

M. D.

(Address)

Date

June 6, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mt. Benedict Boston

6/8/29

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

R. Kirby

Salon

Date of

issue

of permit

June 7/29

Permit

No.

1598

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Physician*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewives* who receive a definite salary), may be entered as *Housewife*, *Housewife, or At home*, and children, not gainfully employed, as *At work*, or *At home*. Care should be taken to report specifically *school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease, CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Fleets pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mesles* (disease causing death), 29 days. *Bronchopneumonia* (secondary), 10 ds. Never death). *Anemia* (merely symptomatic) "Atrophy," "Collapse," report mere symptoms or terminal condition, such as "Ashe," "Coma," "Convulsions," "Delirium," ("congenital," "Semic," etc.), "Dropsy," "Exhaustion," "Old age," "Shock," "Jfremia," "Insanition," "Marasmus," "Old age," "Shock," "Jfremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicaemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus, typhoid.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, send to the registrar a certificate of death, authorized by the request of any member of the family or the de-authorized next of kin, in which he shall state the name of the deceased, his date of registration, a standard certificate of death, ceased to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician, the name of his last illness, when last seen alive by the medical officer, and the date of his death—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Boston

1 PLACE OF DEATH

(City or town)
Registered No. 6037
(Place of death)

County **Suffolk** State _____
City or town **Boston** No. **BOSTON CITY HOSPITAL** St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **ARLENE BARRETT**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **3 LOCUST** St. _____

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **M**

5a If married, widowed, or divorced

Name of { HUSBAND **CHARLES**
(or) WIFE

6 AGE Years **21** Months **11** Days _____ If LESS than 1 day, ... hrs. or ... min. _____

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

NOVA SCOTIA

9 NAME OF FATHER

STEVEN WYNACHT

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

N. S.

11 MAIDEN NAME OF MOTHER

ELLA MAC KAY

12 BIRTHPLACE OF MOTHER (city or town)

(State or country)

N. S.

13 Informant **HUSBAND**

(Address) **21 WHITING ST. BOSTON**

14 Filed **JUN 12**, 19 **29** **E. W. M. Glenen**
Registrar of city or town where death occurred

Filed **June 17**, 19 **29**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **JUN 8**, 19 **29**
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

MAY 24, 19 **29**, to **JUN 8**, 19 **29**

that I last saw h **ER** alive on **JUN 8**, 19 **29**

and that death occurred, on the date stated above, at **1.10 A** m.
The CAUSE OF DEATH was as follows: (State fully)

BRAIN TUMOR

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death

Did an operation precede death _____ For what _____

Date of operation _____

Was there an autopsy _____

What test confirmed diagnosis _____

(Signed) **A. ROSCOE**, M. D.

(Address) _____

Date **JUN 8**, 19 **29**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
BROOKSIDE, NOVA SCOTIA
(Cemetery) (City or town)

DATE OF BURIAL
6-12, 19 **29**

19 UNDERTAKER
M. C. KELLEY

ADDRESS

may be properly classified. Exact statement of OCCUPATION is very important.

June 8. 1929.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Worcester
(City or town) 92
Registered No.

1 PLACE OF DEATH
County *Suffolk* State *Mass*
City or Town *Worcester* No. *117 Loring Road* St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Melinda Lowell* *Marston* (If U. S. War Veteran, specify WAR)
(a) Residence. No. *117 Loring Road* St. Ward.
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred *20* years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
5a If married, widowed or divorced of *Thomas J. Marston*
HUSBAND of (or) WIFE of
6 AGE Years Months Days IF LESS than 1 day, hrs. or min.
86 *11* *7*

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at Home*
(b) Name of employer

8 BIRTHPLACE (City) *Charlottesville*
(State or country) *Mass*

9 NAME OF FATHER *Chas. Heath*

10 BIRTHPLACE OF FATHER (City) *England*
(State or country)

11 MAIDEN NAME OF MOTHER *Melinda Lowell*

12 BIRTHPLACE OF MOTHER (City) *Blue Hill*
(State or country) *Me*

13 Informant *Mrs. Annie Loring*
(Address) *117 Loring R.d. Worcester, Mass*

14 Filed *June 14/29*
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. L. Childress
H. S.

Official position

Health Officer

Date of issue of permit

6/12/29

Permit No.

1599

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *June 11* 19*29*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *May 29* 19*29* to *June 11* 19*29*
that I last saw *her* alive on *June 5* 19*29*
and that death occurred, on the date stated above, at *her* *at* m.
The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of liver -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Arterio Sclerosis.

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death *no* For what

Date of operation

Was there an autopsy *no*.

What test confirmed diagnosis

(Signed) *A. Willard Joy* M. D.

(Address) *34 Princeton St. C. E. Boston*

Date *June 11, 1929*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *N. Y.*
Graves Cemetery *Rocky Mountain*
(Cemetery) (City or town)

DATE OF BURIAL

June 18
1929

19 UNDERTAKER

Chas R. Bennett

ADDRESS

Worcester

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc.; of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestial," "Scalie," etc.; "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicemia," "PERIPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, myocardial, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent abroad or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, and to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

No.

Winthrop Community House

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Moldoff

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

487 Beach

St.

Ward,

Revere

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day,hrs.
ormin.

IF STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Winthrop, Mass.

9 NAME OF
FATHER

Phillip Moldoff

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

11 MAIDEN NAME
OF MOTHER

Sadie Levinsky

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

13

Informant
(Address)Phillip Moldoff
487 Beach St. Revere

14

Filed
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 12, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

June 12, 1929, to June 12, 1929,

that I last saw him alive on June 12, 1929,

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows: (State fully)

Still Born

CONTRIBUTORY

(Secondary)

17 Where was disease contracted
if not at place of death

Did an operation precede death. For what

Date of operation

Was there an autopsy

If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed) Louis Sigel, M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Workmens Circle Cem. Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

June 13th 1929

19 UNDERTAKER

Mannestromsky

ADDRESS

Boston

Official
position

Health Officer

Date of
issue
of permit

6/13/29

Permit
No.

1600

N. B. WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician conveying the cause of death shall thereafter furnish, for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Revised United States Standard Certificate of Death
(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinster*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Peeler," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer God mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysentery* (avoid use of "Grip"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of _____; (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma", "Anemia", (merely symptomatic), "Atrophy", "Collapse", "Coma", "Convulsions", "Debility" ("Congenital", "Senile", etc.), "Ivanition", "Exhaustion", "Heart failure", "Hemiparesis", "Paralysis", "Marasmus", "Old age", "Shock", "Uremia", "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia", "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the mode cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, kangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 33)

County

State

Registered No. 143

City or Town

No. 259 Shirley St.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Bruce Mac Donald

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 259 Shirley

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)
(State or country)9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

PARENTS

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 Burial permit
issued byOfficial
position21 Date of
issuePermit
No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY that I have investigated the
death of the person above-named and that the CAUSE AND MANNER
thereof are as follows:Cause of death: myocardial
infarction, probably
accidentally induced

(See reverse side for description for unknown person)

17 Where was injury sustained
if not at place of death?

(Signed)

(Address)

Medical Examiner for

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

(Month) (Day) (Year)

19 UNDERTAKER

ADDRESS

N. B. - WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died (defined so that it can be classified under the international classification of causes of death), where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
— *General Laws, Chapter 46, Section 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . no such permit shall be issued until there shall have been delivered to such board, agent or clerk, . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied . . . by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *General Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he

shall forthwith go to the place where the body lies and take charge of the same. . . . *Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. — *General Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause, the nature of an injury and of its consequences; and (2) under manner, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to disease, specify: (1) Under cause, its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained. — *General Laws, Chap. 38, Sect. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

June 14. 1929.

Done in accordance

002
fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Boston

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No. **STRONG HOSPITAL**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. **6496**
(City or town)
(Place of death)

Registered No. **94**
(Place of residence)

St., **Ward**

2 FULL NAME **LUIGI MADONA**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**
(Usual place of abode)

City or Town **WINTHROP**

No. **30 SEAFOAM AVE.** St.

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

M.

5a If married, widowed, or divorced

Name of { **HUSBAND**
(or) WIFE

FILOMENA CICCARELLI

6 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.

37

2

4

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

LABORER

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

ITALY

9 NAME OF
FATHER

FILIPPO MADONA

10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

ITALY

11 MAIDEN NAME
OF MOTHER

ROSARIA MAIENZO

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

ITALY

13 Informant

(Address) **GIUSEPPI MADONA**
F. BOSTON

14 Filed **JUNE 28**, 19**29** **E. W. M. Glenew**

Filed **July 3**, 19**29** Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

JUN 15, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

JUN 13

, 19**29** to

JUN 15

, 19**29**

that I last saw him **IM** alive on **JUN 15**, 19**29**

and that death occurred, on the date stated above, at **7 A** m.

The CAUSE OF DEATH was as follows: (State fully)

PERFORATED PYLORIC ULCER

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

GENERAL PERITONITIS

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death **YES** For what **ABOVE**

Date of operation **6-13-29**

Was there an autopsy

What test confirmed diagnosis

(Signed) **H. A. KELLEY**, M. D.

(Address)

Date

JUN 15, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

ST. MICHAEL, BOSTON

(Cemetery)

(City or town)

DATE OF BURIAL

6-17, 19**29**

ADDRESS

19 UNDERTAKER

C. D. PIETRO

June 15. 1929.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState MassRegistered No. 95

(City or town)

City or Town WinthropNo. Winthrop Community Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine T. Sullivan

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 88 Brookfield Rd.

St., Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)FemaleWhiteMarried

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn R.

6 AGE

Years

Months

Days

IF LESS than
1 day,hrs.
ormin.566

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife

(b) Name of employer

8 BIRTHPLACE (City) East Boston

(State or country)

Mass9 NAME OF
FATHERWalter Cody10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland11 MAIDEN NAME
OF MOTHERElizabeth Scott12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant
(Address)John R. Sullivan
88 Brookfield Rd

14

Filed June 14 1929
(Month) (Day) (Year)

REGISTRAR

23 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 17 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

June 15 1929, to June 17 1929
that I last saw him alive on June 17 1929and that death occurred, on the date stated above, at 7.30 P. m.
The CAUSE OF DEATH was as follows: (State fully)Acute Pancreatitis(duration) yrs. mos. 3 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of deathDid an operation precede death Yes For what Free drainageDate of operation June 17 1929Was there an autopsy noWhat test confirmed diagnosis Personal Observation(Signed) Raymond B. Parker, M. D.

(Address)

Winthrop MassDate June 15 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. MARYS LYNN

(Cemetery)

(City or town)

DATE OF BURIAL

6/20/29

19 UNDERTAKER

John J. O'Malley

ADDRESS

WinthropOfficial
positionHealth OfficerDate of
issue
of permitPermit
No.6/17/29 1601

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June 17, 1929
Revised United States Standard Certificate of Death
(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer*, or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Ool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired) 6 yrs.* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Froid pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of.....; (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical Examiner's Certificate of Death

Boston
(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County Suffolk State Massachusetts Registered No. 946
City or Town South Boston No. 130 St. Harbor Ward 1
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Joseph Thomas M. Phee(a) Residence. No. 434 Chelsea St East U. S. War Veteran, specify WAR
(Usual place of abode) (If non-resident, give city or town and state)Length of residence in city or town where death occurred 28 years — months — days How long in U. S., if of foreign birth? — years — months — days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OF RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED, (write the word) Single15 DATE OF DEATH June - 17 - 1939
(Month) (Day) (Year)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

6 AGE Years Months Days if less than 1 day, hrs. or min.
28 — — or min.Primarily accidental

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

ChauffeurTown Taxi Co

8 BIRTHPLACE (City)

(State or country)

East Boston
Mass

9 NAME OF FATHER

Vincent M. Phee

10 BIRTHPLACE OF FATHER (City)

(State or country)

East Bay
C. B.

11 MAIDEN NAME OF MOTHER

Sarah M. Neil

12 BIRTHPLACE OF MOTHER (City)

(State or country)

St. Peters
N. B.

PARENTS

13 Informant Mrs. Theresa Ward
(Address) 602 Bennington St. E. B.14 Filed July 1, 1939
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by

Official position

(See reverse side for description for unknown person)

17 In what City or town was injury sustained?

(Signed) Dr. J. Kelly M. D.(Address) Dr. J. KellyMedical Examiner for Dr. J. Kelly
Date June - 26 - 1939
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

6/28/39
(Month) (Day) (Year)

19 UNDERTAKER

ADDRESS

M. J. Kelly, E. Boston

21 Date of issue

Permit No. 1911

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EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased,

or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

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. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

. . . A medical examiner has no right to delay filing the certificate referred to (death certificate) until judicial inquiries have been concluded and certified, . . .—*Extract from Opinion of the Attorney General, July 29, 1926.*

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medicolegal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

June 19. 1929.

physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 97
City or Town Wentworth No. 27 Sewall Avenue St. Wentworth Ward Wentworth
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Beacilda Marsh
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 27 Sewall Ave St. Wentworth Ward Wentworth
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 2 years 10 months 10 days. How long in U. S., if of foreign birth? 2 years 10 months 10 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a If married, widowed or divorced HUSBAND of (or) WIFE of Geo. R. Marsh
6 AGE Years 83 Months 10 Days 10 IF LESS THAN 1 day,hrs. ormin.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Nova Scotia
(State or country)

9 NAME OF FATHER John McCalliff

10 BIRTHPLACE OF FATHER (City) Welland
(State or country)

11 MAIDEN NAME OF MOTHER Mary McCalliff

12 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

13 Informant Mr. F. T. Garrett
(Address) 27 Sewall Ave

14 Filed July 1, 1929
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH June 19, 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

May 1, 1929 to June 19, 1929
that I last saw her alive on June 14, 1929
and that death occurred, on the date stated above, at 4:30 P. M.
The CAUSE OF DEATH was as follows: (State fully)

Diabetes mellitus

CONTRIBUTORY (Secondary) Diabetes mellitus

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) F. T. Garrett, M. D.

(Address) 458 Broadway

Date June 19, 1929 Chelsea

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Woodland Cemetery June 23, 1929
(Cemetery) (City or town)

19 UNDERTAKER ADDRESS
J. J. Sheppard & Son Chelsea

Official position Diocesan Officer Date of issue 6/19/29 Permit No. 1603

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Portman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *No*.

Statement of cause of death.—Name, **first**, the Disease Causing Death (the primary affection with respect to time and causation). Examining always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic pleia"; *Cerebrospinal meningitis*"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia* (unqualified, is indefinite); *mening.*, *Brachiocephalic* ("Pneumonia," "Pneumonia, *Sarcoma*, *Tuberculosis of lungs, meningitis, pyeloneum.*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin), "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *10 days* (Never report mere symptoms *Brachiocephalic* (secondary), *10 days* (Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Heat" ("Cerebral," "Senile," etc.), "Dropsy," "Exhaustion," "Old age," "failure," "Hemorrhage," "Insanity," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childhood or miscestrage, as "Puerperal septicaemia," "Puerperal peritonitis," etc.

state cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary": if secondary, give primary cause.

Cardiaces can be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chidbith, convulsions, hemorrhage, gangren, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. *Chap. 114, Sec. 45, L. v., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held; or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

U. S. - WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000, 9-26, NO. 8373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed or divorced

HUSBAND of

(Name)

6 AGE

Years

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

June 20, 1929 to June 20, 1929

that I last saw him alive on June 20, 1929

and that death occurred, on the date stated above, at 100 P. M.

The CAUSE OF DEATH was as follows: (State fully)

Official position

Healer's office

Date of issue of permit

6/23/29

Permit No.

1604

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Saladman*, (b) *Greengrocer*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Painter," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household, only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Immition," "Marsannus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PERIPERAL septicemia," "PERIPERAL puerperitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, "where name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...." *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other persons shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accomplished, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a perit, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or town)

Registered No.

City or Town

No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

St.

Ward

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,

or DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than

1 day, hrs.

or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work.

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City)

(State or country)

13

Informant (Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

Health Officer

Date of issue

of permit

Permit No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

21

1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

19.1.29, to

June 21

1929

that I last saw him alive on

June 19

1929

and that death occurred, on the date stated above, at

9A

m.

The CAUSE OF DEATH was as follows: (State fully)

Myocarditis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(Secondary)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted

if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

F. L. Conway, Son, Peabody

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Boston

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No.

BOSTON CITY HOSPITAL

(City or town)

Registered No. **6420**

(Place of death)

Registered No. **100**

(Place of residence)

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

KATHERINE V. FURNISS

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**

(Usual place of abode)

City or Town **WINTHROP**No. **111 LOCUST**

St.

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**W.**

5a If married, widowed, or divorced

Name of { **HUSBAND**
(or) WIFE**EDWARD**

6 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or min.**52**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**HOUSEKEEPER**

(b) Name of employer

8 BIRTHPLACE (city or town)

BOSTON

(State or country)

MASS.9 NAME OF
FATHER**MICHAEL DONNELLON**10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

IRELAND11 MAIDEN NAME
OF MOTHER**ANNIE HORGAN**12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

IRELAND

13 Informant

THOMAS J. DONNELLON

(Address)

1458 TREMONT ST. ROXBURY

14 Filed

JUN 26, 1929

Registrar of city or town where death occurred

Filed

JUN 26, 1929

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

JUN 23, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

JUN 23

, 19

29

to

JUN 23

, 19

29that I last saw h. **ER** alive on**JUN 23**

, 19

29and that death occurred, on the date stated above, at **7 P**

m.

The CAUSE OF DEATH was as follows: (State fully)

CARCINOMA OF LUNG

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) **A.W. ROSCOE**

, M. D.

(Address)

Date

JUN 24, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

CALVARY, BOSTON

(Cemetery)

(City or town)

DATE OF BURIAL

6-26**29**

, 19

19 UNDERTAKER

D. H. CURTIS

ADDRESS

June 23. 1929.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

(City or town)
Registered No.

City or Town

Boston

No.

Winthrop Community Hall
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Bloom

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

55 Garfield Ave.

Ward,

Revere

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or, min.

IF STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Winthrop, Mass.

(State or country)

9 NAME OF
FATHER

Samuel Bloom

10 BIRTHPLACE OF
FATHER (City)

Russia

(State or country)

11 MAIDEN NAME
OF MOTHER

Dora Goldberg

12 BIRTHPLACE OF
MOTHER (City)

Russia

(State or country)

13

Informant

(Address)

Mrs. W. W. W. W.
1535 W. W. W. W.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. D. Childers

Official position

Health Officer

Date of issue

6/26/29

Permit No.

1606

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

25

(Day)

1929

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

June 25, 1929, to June 25, 1929

that I last saw him alive on

Stillborn

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

Stillborn

CONTRIBUTORY
(Secondary)

Premature birth

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

If under one year, was infant Breast Fed?
What test confirmed diagnosis

(Signed)

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

JUN 26 1929

19 UNDERTAKER

Maurice Stancely

ADDRESS

Boston

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is

very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*, and children, not gainfully employed, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing

Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomato), "Atrophy," "Colic," "Coma," "Convulsions," "Debility" ("Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician selected for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState MassRegistered No. 102

(City or town)

City or Town WinthropNo. Community Hospital

St., _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Florence May Cordes

(If U. S. War Veteran, specify WAR)

(a) Residence. No. I Wilshire St

St., _____ Ward, _____

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEdmund

6 AGE

Years

Months

Days

IF LESS than
1 day, _____ hrs.
or _____ min.44

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHousewife

(b) Name of employer

8 BIRTHPLACE (City)

Chelsea

(State or country)

Mass9 NAME OF
FATHEREdward P. Kenney10 BIRTHPLACE OF
FATHER (City)Portland

(State or country)

Me/11 MAIDEN NAME
OF MOTHERMary Kelly12 BIRTHPLACE OF
MOTHER (City)Portland

(State or country)

Maine

13

Informant
(Address)Edmund CordesI Wilshire St

14

Filed

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
position

Health Officer

Date of
issue
of permit

7/2/29

Permit
No.

16/07

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

June 30 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

May 15 1929, to June 30 1929that I last saw him alive on June 30 1929and that death occurred, on the date stated above, at 2:30 P m.
The CAUSE OF DEATH was as follows: (State fully)Cerebral embolism

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)Chronic Bright's disease

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of deathDid an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis

(Signed) Dr. Frank May, M. D.

(Address)

Date

7/2/29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WinthropWinthrop

(Cemetery)

(City or town)

DATE OF BURIAL

7/3/29

19 UNDERTAKER

ADDRESS

John F. O'MalleyWinthrop

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

June 30. 1929

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Metastases*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *da.*, *Bronchopneumonia* (secondary), 10 *da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia (merely symptomatic)," "Atrophy," "Colapse," "Coma," "Convulsions," "Debility," "Congestital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, engorgement, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a venial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such venial shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or Town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

123

City or Town

Boston

No.

Winthrop Community Hosp. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Elizabeth Mac Pherson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

Canton St. Boston

St.

Ward.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

William Mac Pherson

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

Years

Months

Days

If LESS than

1 day,.....hrs.

or.....min.

72

If STILLBORN, enter that fact here

8 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

none

(b) Name of employer

9 BIRTHPLACE (City)

Greenock

(State or country)

Scotland

10 NAME OF
FATHER

Walter Douglas

11 BIRTHPLACE OF
FATHER (City)

Greenock

(State or country)

Scotland

12 MAIDEN NAME
OF MOTHER

Catherine Campbell

13 BIRTHPLACE OF
MOTHER (City)

Greenock

(State or country)

Scotland

14 Informant

Hospital Records

(Address)

Mr. Elizabeth Mac Pherson

Boston Winthrop Hosp.

15

Filed

July 8/29

(Month) (Day) (Year)

REGISTRAR

21 I HEREBY CERTIFY that a satisfactory stan-

dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

W. A. Childers

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

JULY 5

1929

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased from
JUNE 21, 19**29**, to **JULY 5**, 19**29**

that I last saw her alive on **JULY 5**, 19**29**

and that death occurred, on the date stated above, at **11:55 P. m.**

The CAUSE OF DEATH was as follows:

SENILITY

(duration)

ys.

mos.

ds.

CONTRIBUTORY
(SECONDARY)

CHRONIC

MYOCARDITIS

(duration)

10

ys.

mos.

ds.

18 Where was disease contracted
if not at place of death?

FOR WHAT?

Did an operation precede death?

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

Harold T. Sumner

M.D.

(Address)

620 Beach St., Provincetown

Date

July 6,

(Month)

(Day)

(Year)

1929

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Forest Hills

(Cemetery)

(City or town)

DATE OF BURIAL

July 9.

ADDRESS

Boston.

20 UNDERTAKER

John C. Haynes

Official
position

Health Officer

Date of
issue

7/6/29

permitted

Permit

No.

1609

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphentia* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Ins-nition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-eral septicemia," "Puereral peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscer-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as re-quired by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory cer-tificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physi-cian who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such cer-tificate. . . . The person to whom the permit is so given and the physi-cian certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. —*Gen. Laws, Chap. 114, Sec. 45.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. —*Gen. Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death. —*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths sup-posedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

City or Town

Winthrop

No. 57 Sea View Ave

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Orrin Goldbeater Wood

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. 57 Sea View Ave

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred 21 yrs.

mos.

days.

How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

Married.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Jennie Elizabeth Segale.

6 AGE

Years

65

Months

3

Days

12

IF LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Station Agent.

(b) Name of employer

Boston, Revere Beach & Hyde Park R.R.

8 BIRTHPLACE (City)

(State or country)

Nova Scotia.

9 NAME OF
FATHER

Stephen Wood.

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Unable to obtain.

11 MAIDEN NAME
OF MOTHER

Mary Mooney.

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Unable to obtain.

13

Informant
(Address)Mrs. Jennie E. Wood.
57 Sea View Ave.

14

Filed

(Month) (Day) (Year)

July 19, 1929

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July 5, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

April 15, 1929, to July 5, 1929

that I last saw him alive on July 5, 1929

and that death occurred, on the date stated above, at 3:30 P. M.
The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of right kidney

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) Jacob Abrahamson, M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop.

(Cemetery)

(City or town)

DATE OF BURIAL

July 7, 1929.

19 UNDERTAKER

Charles R. Berrison

ADDRESS

Winthrop.

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
position

Health Officer

Date of
issue of
permit

7/6/29

Permit
No.

1608

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or incurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death, 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Gonorrhea," "Goma," "Convulsions," "Debility," "Congestive," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Hemorrhage," "Icteric," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, enteritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If ten death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State *Mass.*

(City or town)

Registered No. *105*

City or Town *Winthrop*

No. *65 Brewster Ave.*

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Chas. Pike*

(If U. S. War Veteran, specify WAR)

(a) Residence. No. *826 Summer*

St.,

Ward, *Somerville*

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days.

How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Harriet J. Cleveland

6 AGE

Years

Months

Days

IF LESS than 1 day, hrs. min.

79

9

1

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

London England

9 NAME OF FATHER

Robert Pike

10 BIRTHPLACE OF FATHER (City)

(State or country)

London England

11 MAIDEN NAME OF MOTHER

Mary Glassboro

12 BIRTHPLACE OF MOTHER (City)

(State or country)

England

13 Informant

(Address)

Miss M. B. Pike 65 Brewster Ave. Winthrop

14 Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

Death Office

Date of issue of permit

Permit No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July

7

1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY That I attended deceased from

July 5

1929

to *July 7*

1929

that I last saw him alive on

July 7

1929

and that death occurred, on the date stated above, at

7:30 P. m.

The CAUSE OF DEATH was as follows: (State fully)

Chronic Interstitial Nephritis

(duration)

uremia

yrs.

mos.

ds.

CONTRIBUTORY

uremia

(Secondary)

(duration)

yrs.

mos.

ds.

17 Where was disease contracted if not at place of death

no

Did an operation precede death

no

For what

Date of operation

Was there an autopsy

no

What test confirmed diagnosis

clinical & laboratory

(Signed)

Jacob Abrahamson M.D.

(Address)

562 Shirley Street

Date

July 7/29

Winthrop

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

July 10, 1929

19 UNDERTAKER

ADDRESS

Francis M. Wilson Inc.

Somerville

Official position

Health Officer

Date of issue of permit

7/7/29

Permit No.

1610

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *physician*, *stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material returned on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Pneumonia* ("Pneumonia, unqualified, is indefinite; *Tuberculosis of lungs, meningitis, peritonitis*, etc."); *Carcinoma*, *Sarcoma*, etc., of "....." (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intantion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhages, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit, and certificate, shall forthwith countersign it, and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

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Winthrop
BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

106

City or Town

Boston

No.

36 Cutler

St.,

Ward

2 FULL NAME

Adolph Siegel

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

36 Cutler

St.,

Ward,

Winthrop

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred 2 yrs.

mos.

days. How long in U. S., if of foreign birth?

3 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Minnie Sadofsky

6 AGE

67 Years

Months

Days

If LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)
(State or country)

Russia

9 NAME OF FATHER

Abraham Siegel

10 BIRTHPLACE OF FATHER (City)

Russia

11 MAIDEN NAME OF MOTHER

Sarah Cammer

12 BIRTHPLACE OF MOTHER (City)

Russia

13

Informant
(Address)Minnie Siegel
36 Cutler, Ct.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me
BEFORE the burial or transit permit was issuedW. S. Childress
Official Position

Date of issue of permit 7/10/29

Permit No. 1610

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

July 10 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

March 15, 1928, to July 9, 1929

that I last saw him alive on July 9, 1929

and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH was as follows: (State fully)

Arteriosclerosis

CONTRIBUTORY
(Secondary)Acute cardiac dilatation
Cardiac asthma17 Where was disease contracted
if not at place of death

Did an operation precede death? No For what

Date of operation

Was there an autopsy? No

If under one year, was infant Breast Fed?

What test confirmed diagnosis?

(Signed)

(Address)

Date

18

PLACE OF BURIAL, (City or town)

(Cemetery)

19 UNDERTAKER

Maxwell T. Toussaint

DATE OF BURIAL

July 12/1929

ADDRESS

Boston

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

July 10, 1929.

Statement of occupation.—Precise statement of occupation is

very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service, for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease, CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is epidemic cerebrospinal meningitis); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia, unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc.; *Coronoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

IN DEATH CERTIFICATE, WITH CERTAINING DEATH, THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

1 PLACE OF DEATH

County

City or Town

STANDARD CERTIFICATE OF DEATH

State

Registered No.

(City or town)

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

St.,

Ward,

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day,hrs.
ormin.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant
(Address)

14

Filed
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

1928, to

1929,

that I last saw him alive on

1929,

and that death occurred, on the date stated above, at

4.45 P. M.

The CAUSE OF DEATH was as follows: (State fully)

Pneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) J. P. Pace, M. D.

(Address) 458 Broadway, Chelsea

Date July 15-29-

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

John H. Walsh

Date of
issue
of permit

7/15/29

Permit
No.

1012

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations, a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soldier*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dug laborer*, *Farm laborer*, *Laborer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-keeper*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic cerebrospinal fever"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death, 29 ds.; *Bronchopneumonia* (secondary) 10 ds. Never report mere symptoms or terminal conditions, such as, "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Gallbladder," "Coma," "Convulsions," "Debility," "Congestion," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicæmia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, duration as required by section one, where same was contracted, the date of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 4b, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 4b, G. L., as amended.*

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No.

PETER BENT BRIGHAM HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

7083

(Place of death)

Registered No.

(Place of residence)

St., **Ward**2 FULL NAME **JEREMIAH GREEN**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

90 HIGHLAND AVE.

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

M.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**M.**5a If married, widowed, or divorced
Name of { HUSBAND
(or) WIFE**EMELINE L.
EMMALINE Beckett**

6 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.**77**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**RETIRED**

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

IRELAND9 NAME OF
FATHER**JOHN**10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

IRELAND11 MAIDEN NAME
OF MOTHER**ANN HARRINGTON**12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

IRELAND

13 Informant

(Address)

**EMMALINE GREEN
90 HIGHLAND AVE. WINTHROP**

14 Filed

JUL 23, 1929

Registrar of city or town where death occurred

Filed

July 26, 1929

Registrar of city or town where deceased resided

15 DATE OF DEATH

JUL 19, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

MAY 4, 1929 to JUL 19, 1929that I last saw him alive on **JUL 19, 1929**and that death occurred, on the date stated above, at **7 P M.**
The CAUSE OF DEATH was as follows: (State fully)**CHRONIC MYOCARDITIS**

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)**BRONCHO PNEUMONIA**

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

CLINICAL(Signed) **L. H. WRIGHT**, M. D.

(Address)

Date

JUL 19, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

CAMB. CEM. CEMB.

(Cemetery)

(City or town)

DATE OF BURIAL

7-22, 1929

19 UNDERTAKER

J. F. O'MALEY

ADDRESS

July 19. 1929.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk

(City or town)

State MassRegistered No. 109City or Town WinthropNo. 24 Hawthorne Ave

St., _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J. Donovan

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 24 Hawthorne Ave

St., _____ Ward, _____

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

15 DATE OF DEATH

July191929

(Month)

(Day)

(Year)

MaleWhiteWidowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAgnes B. Burns

6 AGE

Years

Months

Days

IF LESS than
1 day, _____ hrs.
or _____ min.64

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work Plumbing Supplies

(b) Name of employer

8 BIRTHPLACE (City) Boston Mass

(State or country)

9 NAME OF
FATHERDaniel P. Donovan10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland11 MAIDEN NAME
OF MOTHERCannot be Learned12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant
(Address)David J. Donovan
24 Hawthorne Ave

14

Filed July 21 1929
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedWm B. ChildrenOfficial
positionAgent

16 I HEREBY CERTIFY, That I attended deceased from

July 17, 1929 to July 18, 1929that I last saw him alive on July 18, 1929and that death occurred, on the date stated above, at 10:35 P. m.
The CAUSE OF DEATH was as follows: (State fully)Cerebral hemorrhage(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted
if not at place of deathDid an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis

(Signed)

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holbrook

(Cemetery)

Brookline

(City or town)

DATE OF BURIAL

7/22/29.

19 UNDERTAKER

John F. C. Maly

ADDRESS

WinthropDate of
issue
of permit7/20/29Permit
No.11614

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *physician*, *stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *farmer*, (b) *cotton mill*; (a) *salesman*, (b) *grocery*; (a) *fireman*, (b) *automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "foreman," "manager," "dealer," etc., without more precise specification, as *day laborer*, *farm laborer*, *laborer—coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *housewife*, *housework*, or *at home*). Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *servant*, *cook*, *housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Pneumopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as provided by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, and the board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Registered No.

(City or town)

116

City or Town

Woburn

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Calvin R. Robinson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

107 Beacon

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Male**White**Married*

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of*Clara C. Brown*
May R. Robinson

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.*86**1**24*

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

Retired

8 BIRTHPLACE (City)

(State or country)

Cornhill
*Maine*9 NAME OF
FATHER*Calvin Robinson*10 BIRTHPLACE OF
FATHER (City)

(State or country)

Morrisville
*Maine*11 MAIDEN NAME
OF MOTHER*Clara C. Brown*12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Morrisville
Maine

13

Informant

(Address)

Mr. R. Robinson
107 Beacon St. Woburn

14

Filed

(Month) (Day) (Year)

July 31, 29

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

July 19 1929

16

I HEREBY CERTIFY, That I attended deceased from

*Jan 4 1924 to July 19 1929*that I last saw him alive on *July 18 1929*and that death occurred, on the date stated above, at *1 A* m.

The CAUSE OF DEATH was as follows:

Myocarditis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *No*

What test confirmed diagnosis?

(Signed)

M. D.

(Address)

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

*Relig. T. H. H. H.**Woburn*Official
position*Health Officer*Date of
issue
of permit*7/19 29*Permit
NO.*1613*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Porter-man," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 da.*; *Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*
... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemias), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk County Winthrop State Massachusetts Registered No. 1111
 City or Town Winthrop No. 390 St. Winthrop Ward Winthrop
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Susan Elizabeth Hunter Munroe
 (If U. S. War Veteran, specify WAR)
 (a) Residence. No. 390 St. Winthrop Ward, Winthrop
 (Usual place of abode) (If non-resident, give city or town and state)
 Length of residence in city or town where death occurred 45 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Single

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6 AGE Years 70 Months Days IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home

(b) Name of employer

8 BIRTHPLACE (City) East Boston
 (State or country) Massachusetts

9 NAME OF FATHER Samuel T. Munroe

10 BIRTHPLACE OF FATHER (City) Revere
 (State or country) New Hampshire

11 MAIDEN NAME OF MOTHER Mary Elizabeth Bean

12 BIRTHPLACE OF MOTHER (City) Boston
 (State or country) Massachusetts

13 Informant Louise B. Holmes
 (Address) 82 Magazine St. Cambridge Mass

14 Filed July 31, 29 REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 20 1929
 (Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from April 19, 1927 to July 20, 1929

that I last saw her alive on July 20, 1929

and that death occurred, on the date stated above, at m.
 The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of Uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death yes For what Carcinoma

Date of operation Dec 20, 1927

Was there an autopsy no

What test confirmed diagnosis Substantive

(Signed) James Gabel M. D.

(Address) 614 Beacon St

Date July 22 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop
 (Cemetery) (City or town)

DATE OF BURIAL

July 23, 1929

19 UNDERTAKER

Charles R. Benison

ADDRESS

Winthrop

Official position Registrar Date of issue 7/23/29 Permit No. 1616

information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *physician*, *compositor*, *architect*, *locomotive engineer*, *civil engineer*, *stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as *Housewife*, *House-work* or *At home*. Care should be taken to report specifically for the occupations of persons engaged in domestic service for wages, as *Servant Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is Epidemic cerebrospinal meningitis); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis: Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 23 ds.; *Bronchopneumonia* (secondary), 10 ds. "Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chills, convulsions, hemorrhage, kangriana, meningitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 45, G. L., as amended.*

N. D.—WHILE FILING, WITH CERTAIN DEATHS—THIS IS A FORMAL RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH *Suffolk* County *Winthrop* State *Mass* Registered No. *112*
(City or town)
City or Town *Winthrop* No. *94* Circuit Rd St. *2* Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Bernice Beldion Terrill*
(If U. S. War Veteran, specify WAR)
(a) Residence. No. *94* Circuit Rd St. *2* Ward,
(Usual place of abode)
Length of residence in city or town where death occurred *20* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.
(If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) *Married*

5a If married, widowed, or divorced
HUSBAND of *Flora Nevers Terrill*
(or) WIFE of

6 AGE Years Months Days IF LESS than
59 *6* *21* 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Organ Salesman*
(b) Name of employer *Tela Craft Organ Co*

8 BIRTHPLACE (City) *Orpwell*
(State or country) *Quebec Ontario*

9 NAME OF FATHER *Orin P. Terrill*

10 BIRTHPLACE OF FATHER (City) *Pittsburg*
(State or country) *Pennont*

11 MAIDEN NAME OF MOTHER *Flora Baldwin*

12 BIRTHPLACE OF MOTHER (City) *Duprie*
(State or country) *Quebec*

13 Informant *Wife*
(Address) *94 Circuit Rd Winthrop*

14 Filed *7/21/29*
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me
BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *July 21 1929*
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from
19 to 19

that I last saw him alive on *July 21*, 1929
and that death occurred, on the date stated above, at *3:30 P.* m.
The CAUSE OF DEATH was as follows: (State fully)

Natural Cause.
Probably Angina pectoris.
(duration) *2* yrs. *1* mos. *1* ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death *no* For what

Date of operation

Was there an autopsy *no*

What test confirmed diagnosis *Personal investigation*

(Signed) *Raymond B. Parker*, M. D.

(Address) *Winthrop Bond of Health*

Date *July 22 1929*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Cem DATE OF BURIAL *July 24/29*
(Cemetery) (City or town)

19 UNDERTAKER ADDRESS

Walter J. White *Winthrop*

Official position *Registrar* Date of issue of permit *7/23/29* Permit No. *1618*

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, or on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or the industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Stinner*, (b) *Cotton mill*; (a) *Shoemaker*, (b) *Ample*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never re-word "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *House-keeper*, or *At home*). Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is Epidemic cerebrospinal meningitis); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*; *Carbuncle*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *da.*; *Bronchopneumonia* (secondary), 10 *da.* Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," "Hemiplegia"), "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia; If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, puerperal gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

22
it
2
CAUSE OF DEATH in plain terms, so that it
2
PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it
2
EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it
2
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it
2
may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Boston

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No.

BOSTON CITY HOSPITAL

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

WALTER H. PURDY

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

53 PARK

East

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

M.

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE

DELLA Slacum

6 AGE

Years

59

Months

5

Days

If LESS than

1 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

ENGINEER

(b) Name of employer

8 BIRTHPLACE (city or town)

UPPER CLEMENTS

(State or country)

N. S.

9 NAME OF
FATHER

STILLMAN PURDY

10 BIRTHPLACE OF
FATHER (city or town)

UPPER CLEMENTS

(State or country)

N. S.

11 MAIDEN NAME
OF MOTHER

CYNTHIA MAC KENNA

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

N. S.

13 Informant

WIFE

(Address)

53 PARK AVE. WINTHROP

14 Filed

JUL 26, 19

E. W. M. Glenew

Registrar of city or town where death occurred

Filed

July 31, 1929

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

JUL 22, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

JUL 15

, 19

29

to

JUL 22

, 19

29

that I last saw h

IM

alive on

JUL 22

, 19

29

and that death occurred, on the date stated above, at

4 A

m.

The CAUSE OF DEATH was as follows: (State fully)

DIABETES MELLITUS AND COMA

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

YES

What test confirmed diagnosis

AUTOPSY

(Signed)

E. M. SMITH

, M. D.

(Address)

Date

JUL 23, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WINTHROP CEM WINTHROP

(Cemetery)

(City or town)

DATE OF BURIAL

7-25

, 19

19 UNDERTAKER

ADDRESS

J. S. WATERMAN & SONS

July 22, 1929.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass Registered No. 114
City or Town Winthrop No. 911 Shirley St St., 3 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Charles Brigham Corne
(If U. S. War Veteran, specify WAR)
(a) Residence. No. 911 Shirley St., 3 Ward,
(Usual place of abode) (If non-resident, give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel C. Chaplin
6 AGE Years 52 Months 4 Days 21 IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Manager
(b) Name of employer Krugge Restaurant

8 BIRTHPLACE (City) Cambridge (State or country) Mass

9 NAME OF FATHER William P. Corne
10 BIRTHPLACE OF FATHER (City) Gardner (State or country) Mass
11 MAIDEN NAME OF MOTHER Alice Ferry
12 BIRTHPLACE OF MOTHER (City) Fairfield (State or country) Vermont

13 Informant Wife (Address) 911 Shirley St Winthrop

14 Filed July 31, 29 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 25 1929
(Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from July 2 1929 to July 25 1929
that I last saw him alive on July 25 1929
and that death occurred, on the date stated above, at 2:10 p.m.
The CAUSE OF DEATH was as follows: (State fully)

Coronary Thrombosis.

CONTRIBUTORY Pericarditis (duration) yrs. mos. ds.
(Secondary) Angina Pectoris (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis clinical

(Signed) Jacob A. Adams M.D.

(Address) 562 Shirley St. Winthrop

Date July 26, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Laural Hill Cemetery Winthrop DATE OF BURIAL 7/29-29
(Cemetery) (City or town) (State)

19 UNDERTAKER Walter T. White ADDRESS Winthrop

Date of issue of permit 7/29/29 Permit No. 1612

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued Wm. D. Childers Official Position Agent

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *physician*, *compositor*, *architect*, *locomotive engineer*, *civil engineer*, *stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know, (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is epidemic cerebrospinal meningitis); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Coronaria*, *Sarcoma*, etc., of "tumor" (name origin; "Cancer" is less definite; avoid use of "myoma" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* "Never report mere symptoms or terminal conditions, such as "Asbestosis," "Anemia" (merely symptomatic), "Atrophy," "Colicage," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," "etc."), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and no remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, and certificate, and shall form a part of the statement submitted to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

State Infirmary
Tewksbury, Mass.
(City or town)
Registered No. 314
(Place of death)
Registered No. 116
(Place of residence)
St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

1 PLACE OF DEATH

County Middlesex State Mass.
City or town State Infirmary
Tewksbury, Mass. No. State Infirmary

2 FULL NAME Benjamin L. Pike

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State City or Town Wintaron No. St.
(Usual place of abode)

Length of residence in city or town where death occurred 2 years 2 months 21 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years 74 Months 9 Days 21 If LESS than 1 day, ... hrs. or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teamster
(b) Name of employer

8 BIRTHPLACE (city or town) Not learned
(State or country) Maine

9 NAME OF FATHER John Pike
10 BIRTHPLACE OF FATHER (city or town) Not learned
(State or country) Maine
11 MAIDEN NAME OF MOTHER Sabra (Not learned)

12 BIRTHPLACE OF MOTHER (city or town) Not learned
(State or country) Maine

13 Informant Hospital records
(Address) STATE INFIRMARY, TEWKSBURY

14 Filed July 28, 1929 Registrar of city or town where death occurred
Filed Aug 12, 1929 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 28, 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from May 7, 1927, to July 25, 1929,

that I last saw him alive on July 28, 1929,
and that death occurred, on the dated stated above, at 2:00 A.M.
The CAUSE OF DEATH was as follows:

Arteriosclerosis

(duration) + yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) E. J. M. Dickson, M. D.

(Address) State Infirmary, Tewksbury, Mass.

Date July 29, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL

July 31, 1929

19 UNDERTAKER

C. R. Bennison

ADDRESS

Winthrop, Mass.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on forms part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housewife, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid Fever* (never report "Typhoid pneumonia"; *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant origin; "Cancer" is less definite; avoid use of "Tumor" for malignant origin); *Malaria; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), *29 da.; Bronchopneumonia* (secondary), *10 da.* Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile, etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary;" if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent. . . . from the clerk of the town where the person died. . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by or for the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town) Winthrop
City or Town Winthrop No. Winthrop Community Hall Registered No. 115
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Baby Proctor
(If U. S. War Veteran, specify WAR)
(a) Residence. No. 20 Floyd St St. 4 Ward, Winthrop
(Usual place of abode) (If non-resident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Stillborn
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stillborn
6 AGE Years Months Days IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country) Winthrop
Mass9 NAME OF FATHER Geo Leaphin Proctor

10 BIRTHPLACE OF FATHER (City)

(State or country) Winchester
Mass11 MAIDEN NAME OF MOTHER Ethel Fairfax

12 BIRTHPLACE OF MOTHER (City)

(State or country) Germantown
Pa

13

Informant (Address) Father
20 Floyd St Winthrop Mass

14

Filed (Month) (Day) (Year) 2-22-29

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH July 30 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw him alive on 19.....

and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows: (State fully)Still born
(full term)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death Yes For what CesarianDate of operation July 30/29 Section.Was there an autopsy noWhat test confirmed diagnosis clinical(Signed) Jaeger(Address) 362 Shirley StDate July 31/29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery) Winthrop (City or town) WinthropDATE OF BURIAL Aug 4/29

19 UNDERTAKER

ADDRESS

Walter T. White

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Official position

Date of issue of permit 8/1/29Permit No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *physician*, *compositor*, *architect*, *locomotive engineer*, *civil engineer*, *stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinster*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *House-keeper*, *Housewife*, etc.), may be entered as *Housewife*, *House-keeper*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING Death (the primary affection with respect to time and causation), using always the same accepted term for the same causation. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meadles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misarrriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, as the live any of the following diseases, without explanation, which sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, hæmiparesis, parotitis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall ex-hume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose of health, or application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit, so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

Darien Conn.

State

Massachusetts

(City or town)

City or Town

Boston

No.

Darien Conn.

Ward

Registered No.

117

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Rose Liberman (Correct name)

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

26 Wave Way Ave.

Ward,

Winthrop

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female white

4 COLOR OR RACE

5 SINGLE MARRIED, WIDOWED,
or DIVORCED (write the word)

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE 24 Years

Months

Days

IF LESS than
1 dayhrs.
ormin.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Typist

(b) Name of employer

8 BIRTHPLACE (City)
(State or country)

Russia

9 NAME OF
FATHER

Max Liberman

10 BIRTHPLACE OF
FATHER (City)
(State or country)

Russia

11 MAIDEN NAME
OF MOTHER

Rebecca Schmied

12 BIRTHPLACE OF
MOTHER (City)
(State or country)

Russia

13

Informant
(Address)Mr. Liberman
26 Wave Way Ave.

14

Filed
(Month) (Day) (Year)

AUG 81 Winthrop

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug 5, 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19,

that I last saw him alive on , 19,

and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows: (State fully)

Fractured Skull

(Rear End Collision of automobile)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy
If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed) , M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Grave, Jewish Burial
(Cemetery) (City or town)

DATE OF BURIAL

AUG 6 1929

19 UNDERTAKER

Marmel Stenetsky

ADDRESS

Boston

Date of
issue
of permitPermit
No.

N. B.—WHITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness or various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Teacher*. On the first line will be sufficient, e. g., *Farmer* or *Teacher*. *Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or the industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Lumber—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housewife, Housework*, or *At home*, care should be taken to report specifically *school* or the occupations of persons engaged in domestic service for wages, as *Sevent, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of illness. If retired from business, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is Epidemic cerebrospinal meningitis); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc.*; *Cerebral Sarcoma, etc.* of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*. Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *de*; *Bronchopneumonia* (secondary), 10 *de*. Never report mere symptoms or terminal conditions, such as "Asystole," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive phenomena," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemiparesis," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicæmia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gonorrhea, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectified as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectified shall appear upon the permit, and the board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish to the board of health the other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 40, G. L., as amended.*

CONNECTICUT STATE DEPARTMENT OF HEALTH

TRANSIT PERMIT

No. _____

PERMIT OF LOCAL REGISTRAR

To remove a dead body for burial beyond the limits of the town in which death occurred, a transit permit must be obtained from the local Registrar

Name of Deceased Rose Lieberman Date of Death Aug 5 1929
 Age 24 years — months — days. Sex Female Race or Color White
 Cause of Death (1) Fractured skull (2) Max end collision of automobile
 Attending Physician Dr. Ralph N. Crane Medical Examiner Address Stanford Conn
 Cause of Death Stanford Conn Embalmer J. A. Lucas No. 777
 Undertaker Thomas J. Pritchard Address Stanford Conn

The body has been prepared for removal and shipment in accordance with Rule _____ of the Rules and Regulations of the STATE DEPARTMENT OF HEALTH.

The Certificate of Death and the undertaker's statement that all proper measures have been taken to render the body harmless shipping, having been filed and recorded, PERMISSION IS HEREBY GRANTED FOR REMOVAL OF THE ABOVE NAMED BODY,

FROM Stanford Conn TO Everett Mass
express
 Date of Shipment Aug 5 1929
Aug 5 1929
 Registrar of J. A. Hammond
Stanford Conn

Aug. 5. 1929.

Registrar.

Attest,

CONNECTICUT STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics

COPY

Medical Certificate of Death

1. Full name of deceased Rose Lieberman
2. Primary cause of death Fractured Skull as a result of rear end collision of automobile striking truck at Darien Ct. Duration 5 days
If death from violent cause state (1) means and nature of injury (2) whether accidental, suicidal or homicidal.
4. Secondary or contributory August 5, 1929 5. Duration 5 days

Remarks

viewed the deceased as Med. Exam.

I certify that I ~~attended the deceased in his last illness~~ viewed the deceased as Med. Exam., and that the cause of death was as above stated.

Signature Ralph W. Crane M. D. Med. Ex.

Capacity in which he signs

Dated August 5th, 1929 Address Stamford, Conn.

Undertaker's Certificate

1. Full name of deceased Rose Lieberman
2. Place of death—Town Darien No. Post Road Street, Ward
If death occurred in hospital or institution, give its name instead of street and number.
3. Number of families in house - - -
4. Residence at time of death Winthrop Town Mass. State or Country
5. Occupation Stenographer
6. Condition (state whether single, married, divorced or widowed) Single
7. If wife or widow, give name of husband - - -
8. Date of death—year 1929 month August day 5
9. Date of birth—year 1905 month unknown day unknown
10. Age in years 24 months - - - days - - -
11. Sex Female 12. Color White
13. Birthplace—Town Winthrop State or Country Mass.
14. Father's name in full Max Liberman
15. Father's birthplace—Town - - - State or Country Russia
16. Mother's maiden name Bertha Snider

Russia

This Certificate received for record on the 5 *day of* August 19 29

J. A. F. MacCammond *Registrar.*

Place of Burial.....*Cemetery.*

This copy of Certificate received for record at.....

this*day of*19

.....*Registrar.*

STANDARD CERTIFICATE OF DEATH

Rutland

(City or town)

1 PLACE OF DEATH

Registered No. 127

(Place of death)

County Worcester

State Mass.

Registered No. 128

(Place of residence)

City or town Rutland

No. Rutland State Sanatorium

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ida Stevenson

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

City or Town Winthrop

No. 115 Loring Road

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years 5

months 24

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

Name of HUSBAND
(or) WIFE

Chester W. Stevenson

6 AGE

Years

22

Months

8

Days

6

If LESS than

1 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Housewife

(b) Name of employer

8 BIRTHPLACE (city or town)

Salem,

(State or country)

Mass.

9 NAME OF
FATHER

Malcolm J. McBride

10 BIRTHPLACE OF
FATHER (city or town)

Grove City,

(State or country)

Pa.

11 MAIDEN NAME
OF MOTHER

Bridget O'Malley

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

Ireland

13 Informant

From Sanatorium Records

(Address)

14 Filed Aug. 9

, 1929

Louis M. Harff

Registrar of city or town where death occurred

Filed Sept 11

, 1929

Registrar of city or town where deceased resided

15 DATE OF DEATH

August

8,

1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Feb. 15

, 1929

to

August 8

, 1929

that I last saw her

alive on

August 8

, 1929

and that death occurred, on the date stated above, at 6:15 p. m.

The CAUSE OF DEATH was as follows: (State fully)

Pulmonary tuberculosis

(duration) yrs. 11 mos. 12 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

No

For what

Date of operation

Was there an autopsy

No

What test confirmed diagnosis Kray & laboratory

(Signed) William E. Davidson

, M. D.

(Address)

Rutland, Mass.

Date

Aug. 8, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Oak Grove, Medford, Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

Aug. 10, 1929

19 UNDERTAKER

A. E. Long & Son

ADDRESS

Cambridge

Aug. 8. 1929

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

City or Town

Boston

No.

Colorado Springs

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alga V. Brostrom

(U. S. War Veteran, specify WAR)

(a) Residence. No.

16 Wheelock

St.

Ward,

Southwest

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

24

10

0

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Stenographer

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Southwest
Mass.9 NAME OF
FATHER

Olof Brostrom

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Sweden

11 MAIDEN NAME
OF MOTHER

Alga Lundstall

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Sweden

13

Informant
(Address)Martin Brostrom
Brother

14

Filed
(Month) (Day) (Year)

AUG 17 1929

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

8/13/29

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

19.....

to

19.....

that I last saw him alive on

19.....

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows: (State fully)

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

Laryngeal Tuberculosis

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy.

If under one year, was Infant Breast Fed?

What test confirmed diagnosis

(Signed)

, M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Southwest

(Cemetery)

(City or town)

DATE OF BURIAL

7/8/29

19 UNDERTAKER

C. R. Bennison

ADDRESS

Southwest

Date of
issue
of permitPermit
No.

3789

Aug. 13 1929.
Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is *typhoid cerebrospinal meningitis*); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of..... ("Name origin"; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Semic," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten or chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 40, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

STATE OF COLORADO
Bureau of Vital Statistics
Certificate of Death

1 PLACE OF DEATH

County El Paso

File No.

Town Registration District No. Registered No.

or City Colo Spgs. No. Glockner San. St. Ward
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Olga V. Bostrom

(a) Residence. No. Boston, Mass St. Ward
(Usual place of abode) (If nonresident give city or town and State)

(b) Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) single

5a If married, widowed or divorced HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 12, 1904

7 AGE Years 24 Months 10 Days 0 IF LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Stenographer

(b) General nature of industry business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mass.

10 NAME OF FATHER Olaf Bostrom

11 BIRTHPLACE OF FATHER (City or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Olga Lundstedt

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Sweden

14 Informant Ruth Bostrom (Address) Boston, Mass

15 Filed 8-13-29 OP Gullert Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year)

August 13, 1929

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1928 to July 13, 1929

that I last saw her alive on July 12, 1929 that death occurred, on the date stated above, at 4 A m.

The CAUSE of DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Laryngeal Tuberculosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mass.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum exam

(Signed) S. W. Schaefer M. D.

(Address) Colo Spgs.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Boston, Mass

8/13-29 19

20 UNDERTAKER

ADDRESS

Swan's Funeral Home

Colo. Spgs.

PERMIT OF REGISTRAR OF VITAL STATISTICS

This Permit with above Certificate must be presented to Initial Baggage Agent and delivered with body at destination.

Permission is hereby granted to remove to Boston, Mass. the body

of Olga V. Bostrom, above described, the cause of death being a

(communicable disease and said body being certified to as having been prepared in accordance with the Rule 3 of the Transportation Rules by an embalmer holding License No. 494

Ruth Bostrom

(Name of person who is authorized to accompany the body)

By OP Gullert (Registrar's Name)

No. 69

(Sub. Registrar)

No.

Detach above portion at this perforation and hand to passenger in charge, to be delivered to the undertaker at destination.

COLORADO STATE BUREAU OF VITAL STATISTICS

(Always write with ink)

This Certificate with the Pasteur below, after being properly filled out and signed, must be detached and securely tacked on the outside box.

UNDERTAKER'S CERTIFICATE

I (or we) hereby certify that the accompanying dead body of Olga V. Bostrom to be transported to the City of Boston State of Mass.

has been prepared for transportation by an embalmer holding License No. 494 in conformity with Rule No. 3

Shipping Undertaker Swan's Funeral Home (Firm Name)

Address Colo. Spgs. Colo.

PASTER

The Railroad or other Transportation Agent must enter hereon a description of the Ticket held by the passenger in charge of the corpse, the exact route, and VIA WHAT JUNCTIONAL POINTS it reads.

Special Instructions. A burial case containing a corpse must not be received for transportation unless the person in charge presents a permit from the local Registrar, and an undertaker's certificate that the body has been prepared for shipment in accordance with the Laws of the State, nor will it be received even then if any fluid or offensive odors are escaping from the case.

Date 19

From Colorado, to State of

No. of Escort's Ticket No. of Corpse Ticket

Form No. of Escort's Ticket Form No. of Corpse Ticket

Via To

Via To

Via To

Name of Passenger in Charge Place of Residence

Signed



RM R-301
INFORMANTS should state EXACTLY. INSTRUCTIONS should be carefully supplied. ADVISE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState Mass

(City or town)

Registered No. 119City or Town WinthropNo. 20 Enfield Rd.

St., _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Florence Wallace

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 20 Enfield Rd.

St., _____ Ward, _____

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)FemaleWhiteSingle5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, _____ hrs.
or _____ min.59

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home

(b) Name of employer

8 BIRTHPLACE (City) Springfield

(State or country)

Ill9 NAME OF
FATHERDr. George W. Wallace10 BIRTHPLACE OF
FATHER (City)Columbia Co.

(State or country)

Ohio11 MAIDEN NAME
OF MOTHEREliza Alvey12 BIRTHPLACE OF
MOTHER (City)Springfield

(State or country)

Ohio13 Informant Clara Wallace

(Address)

20 Enfield Rd/14 Filed Aug 21, 1929
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
Health OfficerDate of
issue
of permit8/16/29Permit
No. 161915 DATE OF DEATH Aug 15 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

19_____, to 19_____,

that I last saw h_____ alive on 19_____,

and that death occurred, on the date stated above, at about 7:20 p.m.
The CAUSE OF DEATH was as follows: (State fully)Cerebral Palsy

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted
if not at place of deathDid an operation precede death No For what

Date of operation _____

Was there an autopsy No

What test confirmed diagnosis

(Signed) Orville E. Johnson M. D.(Address) 2219 P. AvenueDate Aug 16, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Oak Ridge Springfield Ill8/19/29

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Colm F. O'Malley Winthrop

Aug. 15. 1929.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sojourner*, (b) *Cotton mill*; (a) *Steelman*, (b) *Amplifier*; (a) *Foreman*, (b) *Automobile factory*. The material returned may form part of the second statement. Never re-write "Laborer", "Foreman", "Manager", "Dealer", etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*, Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of "Uterus" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*, etc. The *valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or incurrent) affection need not be stated unless important. Example: *Measles* (disease causing report, 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia", "Anemia" (merely symptomatic), "Atrophy", "Collapse", "Coma", "Convulsions", "Debility" ("Congestive", "Senile", etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemiparesis", "Inanition", "Marasmus", "Old age", "Shock", "Uremia", "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia", "PUERPERAL peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make out the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

SuffolkState **Massachusetts**

Registered No.

120

City or Town

Northrop
Boston

No.

22 Woodside Ave

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

David P. Bean

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. 22 Woodside Ave

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Black

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Alice Williams

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

46

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Chauffeur

(b) Name of employer

Bermuda

8 BIRTHPLACE (City)

(State or country)

Bermuda

9 NAME OF
FATHER

Richard George Bean

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Bermuda

11 MAIDEN NAME
OF MOTHER

Adiana Bean

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Bermuda

PARENTS

13 Informant
(Address)

Robert Bean

14

Filed Aug 21, 1929
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

W. C. Cullen

Official
Position

19 UNDERTAKER

B. L. T. T. T.

Date of
issue
of permit5/19/29 Permit
No. 1620

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug 17

29

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Aug 14, 1929, to

Aug 17, 1929

that I last saw him alive on

Aug 17, 1929

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

6:15 P. M.

Mania

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(Secondary)

Chronic

Nephritis

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed)

Harry A. Kelly

M. D.

(Address)

122 Elm St.

Date

8/19/29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Northrop

(City or town)

DATE OF BURIAL

Aug 19, 29

ADDRESS

122 Elm St.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., or, if possible, (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asbestosis," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hantion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childhood or miscarriage, as "PUPPERAL septicemia," "PUPPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, kangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original intentment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

RM R-301
INFORMANTS should state EXACTLY
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION
is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

121

City or Town

Winthrop

No.

37 Bellevue Ave North St., 2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ellen H. Hayes

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. 37 Bellevue Ave

St., 2 Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Charles J. Hayes

6 AGE

Years

76

Months

6

Days

28

IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) Name of employer

8 BIRTHPLACE (City)

Philadelphia

(State or country)

Pa

9 NAME OF FATHER

John Sweeney

10 BIRTHPLACE OF FATHER (City)

not known

(State or country)

Pa

11 MAIDEN NAME OF MOTHER

Not known

12 BIRTHPLACE OF MOTHER (City)

Not known

(State or country)

PARENTS

13 Informant

Son Bertram H. Hayes

(Address)

Leonminster Mass

14 Filed

Aug 21 1929

(Month) (Day) (Year)

REGISTRAR

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

4/1

1929, to

8-19

1929

that I last saw him alive on

8-19

1929

and that death occurred, on the date stated above, at 10 4 m.

The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

Edema Lungs

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

J. H. Hayes

M. D.

(Address)

200 P. Casani

Date

8-20-29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Crematorium Leonminster Mass

(City or town)

DATE OF BURIAL

Aug 21/29

19 UNDERTAKER

Walter J. White Winthrop

ADDRESS

Date of issue of permit

8/21/29

Permit No.

1621

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Official position

Health Officer

Aug. 19, 1929.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or the industry, and therefore an additional line is provided. As exemplar statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never re-word "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *House-keeper*, *Housemaid*, etc.), may be entered as *Housewife*, *House-keeper*, or *At home*. Care should be taken to report specifically *school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease, causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Cause of Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*; *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia", *Anemia* (merely symptomatic), "Atrophy", "Senile", "Gonorrhea", "Convulsions", "Dementia", "Heart failure", "Sepsis", etc.), "Dropsy", "Exhaustion", "Old age", "Congestive", "Hemorrhage", "Marasmus", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia", "puerperal peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gonorrhea, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a postscript, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit, and certificate, and his agent, upon receipt of such statement and certificate, shall forthwith conmission it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter, furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

City or Town

Boston

No.

181 River Rd.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Hannah M. Garrison

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

181 River Road

St.

Ward

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widow

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

widow & John

6 AGE

Years

83

Months

Days

IF LESS than
1 day,.....hrs.
or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

at Home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Maine

9 NAME OF
FATHER

John Reardon

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Johanna Barry

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant

Mary G. Barry daughter
181 River Rd.

(Address)

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

H. D. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

August 23 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Aug 21, 1929, to Aug 29, 1929

that I last saw her alive on

Aug 21, 1929

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

79. m.

Cerebral
Hemorrhage

(duration) yrs. 2 mos. ds.

CONTRIBUTORY
(Secondary)

arterio-sclerosis

(duration) 5 yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

No

For what

V

Date of operation

Was there an autopsy

No

If under one year, was infant Breast Fed?

Clinical

What test confirmed diagnosis

(Signed)

G. W. Pickens, M.D.

(Address)

81 Somerset Ave.

Date

Aug 23, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

J. L. Burke

75 Chambers St.
BostonOfficial
position

Public Health Officer

Date of
issue

of permit

8/24/29

Permit
No.

1624

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—

Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Doaler," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not faithfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*; *Whooping cough*; *Chronic nodular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 days. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (nearly synonymous), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicaemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exurne a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased, served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 45, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

123

City or Town

Boston

No.

145 Main

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Daniel

J. Murphy

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

145 Main St

St.,

Ward,

Concordia

made by J. H. J. Ke
Sept 6/29

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, . . . hrs.
or . . . min.

25

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Bookkeeper

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

E. Boston

PARENTS

9 NAME OF
FATHER

Joseph a.

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Julia Callaghan

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant
(Address)Joseph a. Murphy
145 Main St, Wintthrop

14

Filed
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
positionW. H. Callaghan
Health OfficerDate of
issue
of permit

8/26/29

Permit
No.

1625

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Aug 23 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Aug 8, 1929, to Aug 23, 1929

that I last saw him alive on

Aug 23, 1929

and that death occurred, on the date stated above, at

9:30 a. m.

The CAUSE OF DEATH was as follows: (State fully)

Chronic Peripneumonia

(duration) 12 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

pneumonia

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

if under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed)

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Holy Cross, Malden

DATE OF BURIAL

Aug 26/29

19 UNDERTAKER

Frederick H. Jaffe

ADDRESS

Wintthrop

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or the industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinster*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material turned on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *House-keeper*, or *At home*, and children, not gainfully employed as *At work*, or *At home*, and children, not gainfully employed as *At work*, or *At home*, Care should be taken to report specifically for the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness. If retired from business, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Cause. Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite disease); "Epidemic cerebrospinal meningitis"; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of "....."; "Gancer" is less definite; avoid use of "Tumor" (name origin); *Meningitis*; *Whooping cough*; *Chronic* for malignant neoplasms); *Chronic interstitial nephritis*, etc. The *tubercular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Hemiplegia," "Hemiparesis," "Exhaustion," "Old age," "Shock," "Uremia," "Hemiparesis," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicaemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Pneumopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, kangrene, earitis, cystitis, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one town to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit, so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 45, G. L., as amended.*

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk

State Massachusetts

(City or town)

Registered No. 124

City or Town Winthrop

No. Station Hospital, Fort Banks, Mass. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wilfred Beaulieu

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 344 N. Front St., New Bedford, Mass. St. Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred - years - months 4 days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

25

11

12

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Soldier

(b) Name of employer,

241st Coast Artillery

Massachusetts National Guard.

8 BIRTHPLACE (City)

New Bedford

(State or country)

Massachusetts

9 NAME OF
FATHER

Phillip Beaulieu

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Canada

11 MAIDEN NAME
OF MOTHER

Malvina Bernier

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Canada

13

Informant

Emilip Beaulieu

(Address)

344 N. Front St.

14

Filed

Aug 31, 29

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

W. D. Chilgren

Official
position

Health Officer

Date of
issue
of permit

8/23/29

Permit
No.

1623

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

August 23, 1929.

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

August 19th, 1929, to August 23rd, 1929

that I last saw him alive on August 23rd, 1929

and that death occurred, on the date stated above, at 7:30 O'clock A.m.
The CAUSE OF DEATH was as follows: (State fully)

Intestinal Hemorrhage, severe, cause
undetermined.

(duration) - yrs. - mos. 8 ds.

CONTRIBUTORY
(Secondary)

(duration) - yrs. - mos. - ds.

17 Where was disease contracted
if not at place of death. Fort H.G. Wright, New York.

Did an operation precede death - For what -

Date of operation

Was there an autopsy

Refused

What test confirmed diagnosis Physical & Laboratory exami-

(Signed) Oscar T. Kirksey, M. D.

(Address) Oscar T. Kirksey, Capt. MC.

Date Station Hospital, Ft. Banks, Mass. Aug 23/29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Acacia Cemetery, New Bedford

8/26/29

19 UNDERTAKER

R. J. Carrier

ADDRESS

131 Leane St

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plasterer*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home* and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the first accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all disorders resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is insufficient, a physician selected for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass Registered No. 1250
 City or Town Winthrop No. 63 Summit Ave St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert J. Fitzpatrick

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 63 Summit Ave. St., _____ Ward, _____
 (Usual place of abode) (If non-resident, give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days IF LESS than 1 day, _____ hrs. or _____ min.
53

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Machinist

(b) Name of employer

8 BIRTHPLACE (City) Boston Mass
 (State or country)

9 NAME OF FATHER William Fitzpatrick

10 BIRTHPLACE OF FATHER (City) Ireland
 (State or country)

11 MAIDEN NAME OF MOTHER Ann Dunn

12 BIRTHPLACE OF MOTHER (City) Ireland
 (State or country)

13 Informant Margaret Barter
 (Address) 63 Summit Ave

14 Filed Aug 21 29
 (Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 23 1929
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 1 1929, to Aug - 23 1929.

that I last saw him alive on Aug - 23 - 1929 and that death occurred, on the date stated above, at 11-30 P. m.
 The CAUSE OF DEATH was as follows: (State fully)

Ruptured aneurysm of aorta

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death

Did an operation precede death. For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) Edward J. Trauger M. D.

(Address) 476 Stanley St. Winthrop

Date Aug 23-1929

18 PLACE OF BURIAL, CREMATION OR REMOVAL Cemetery Boston
 (Cemetery) (City or town)

DATE OF BURIAL 8/25/29

19 UNDERTAKER

ADDRESS

John F. O'Malley Winthrop

Official Date of issue of permit 8/23/29 Permit No. 48

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

209.23.1929.
Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*, (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningis*; *Whooping cough*; *Chronic conduction heart disease*; *Chronic interstitial nephritis*, etc. The secondary (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*, *Bronchopneumonia* (secondary), 10 *ds.* "Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia (merely symptomatic)," "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Typhemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, with the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Winthrop.

1 PLACE OF DEATH Suffolk County Winthrop City or Town No. 111 Sunnyside Ave. St. State Massachusetts Registered No. 128 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME John Nelson Merrill
(If U. S. War Veteran, specify WAR)
(a) Residence. No. 111 Sunnyside Ave. St. Ward,
(Usual place of abode) (If non-resident, give city or town and state)
Length of residence in city or town where death occurred yrs. 3 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widowed.
5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arabella Bray.
6 AGE Years 79 Months 1 Days 22 IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired.
(b) Name of employer

8 BIRTHPLACE (City) Sackville. (State or country) New Brunswick.

9 NAME OF FATHER Unable to obtain.
10 BIRTHPLACE OF FATHER (City) " " " (State or country)
11 MAIDEN NAME OF MOTHER Unable to obtain.
12 BIRTHPLACE OF MOTHER (City) " " " (State or country)

13 Informant George H. Merrill. (Address) 111 Sunnyside Ave.

14 Filed Aug 31 1929 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Aug 26 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1929, to Aug 26, 1929, that I last saw him alive on Aug 26, 1929.

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows: (State fully)

Myocardial Infarction & Siderosis
C Bronch Compensated

(duration) yrs. 2 mos. 17 ds.
CONTRIBUTORY Bronch Pneumonia
(Secondary)

(duration) yrs. mos. 4 ds.
17 Where was disease contracted if not at place of death

Did an operation precede death. - For what. -

Date of operation -

Was there an autopsy -

What test confirmed diagnosis -

(Signed) Richard H. Hickey, M. D.

(Address) 114 Pleasant St.

Date Aug 26 / 29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Moncton DATE OF BURIAL Aug 28, 1929
(Cemetery) (City or town)

19 UNDERTAKER Charles P. Benison ADDRESS Winthrop.

Official Position Health Officer Date of issue of permit 8/26/29 Permit No. 1126

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *physician*, *stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material turned out on "Form part" of the second statement. Never re- turn "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *farm laborer*, *laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *housekeepers* who receive a definite salary), may be entered as *Housewife*, *House- work*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write None.

Statement of cause of death.—Name, first, the Disease Cause- ing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneu- monia," unqualified, is indefinite); *Tuberculosis of lungs*, *men- inges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Meningeal*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *da.*; *Bronchopneumonia* (secondary), 10 *da.* Never mix "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Goma," "Convolutions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Typhemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or marriage, as "puerperal septicemia," "puerperal peri- tonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Associa- tion.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, kangrene, gastritis, erysipelas, meningitis, mis- carriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forth- with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the de- ceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the dura- tion of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall ex- hume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement con- taining the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for suffi- cient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a mem- ber of the board of health, or employed by it or by the select- men for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by vi- olence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent upon receipt of such state- ment and certificate, shall forthwith consign it and trans- mit it to the clerk of the town for registration. The person to cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the common- wealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

(City or town)

Registered No.

127

City or Town

Winthrop

No.

116 Grover Ave

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William B. Dutton

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

116 Grover Ave

St.,

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

16 years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Etta M. Philbrick

6 AGE

Years

66

Months

8

Days

16

IF LESS than
1 day,.....hrs.
or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) Name of employer

Retired

8 BIRTHPLACE (City)

Portsmouth

(State or country)

N. H.

9 NAME OF
FATHER

Thos. A. Dutton

10 BIRTHPLACE OF
FATHER (City)

Philadelphia

(State or country)

P. A.

11 MAIDEN NAME
OF MOTHER

Mary Buchann

12 BIRTHPLACE OF
MOTHER (City)

Scotland

(State or country)

13

Informant

Mrs. Etta M. Dutton

(Address)

116 Grover Ave Winthrop

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. D. Childs

Official position

Health Officer

Date of issue of permit

9/30/27

Permit No.

1627

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

August 30

1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

May 18

1927

to

August 29, 1929

that I last saw him alive on

August 29

1929

and that death occurred, on the date stated above, at
THE CAUSE OF DEATH was as follows: (State fully)

2 A. m.

Concussion of brain in 1927.

CONTRIBUTORY
(Secondary)

*1-Chronic Arteriosclerosis
2-Cerebral Hemorrhage
3-Hypertension*

17 Where was disease contracted
if not at place of death

Did an operation precede death

No

For what

Date of operation

None

Was there an autopsy

No

What test confirmed diagnosis

clinical & laboratory

(Signed)

Jacob Philbrick M.D.

(Address)

1062 Hurley St. Winthrop

Date

August 30, 1929

Marb

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

York Village Me.

DATE OF BURIAL

9/3/29

19 UNDERTAKER

J. E. Henderson & Co

ADDRESS

Everett

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asihemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or Registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or Registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

RM 12-301
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

1162 129

City or Town

Boston Winthrop

No.

21 Wheelock Street St., Winthrop

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Joseph H. Wheelock

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. 21 Wheelock Street Winthrop Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

25 yrs.

mos.

days.

How long in U. S., if of foreign birth? 60 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Euphania Lee

Unknown

6 AGE

Years

Months

Days

IF LESS than 1 day, hrs. or min.

64

8

1

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired

(b) Name of employer

8 BIRTHPLACE (City)

Lawrencetown,

(State or country)

Nova Scotia

9 NAME OF FATHER

Samuel Wheelock

10 BIRTHPLACE OF FATHER (City)

(State or country)

Nova Scotia

11 MAIDEN NAME OF MOTHER

Margaret Pierce

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Nova Scotia

13

Informant (Address)

Frank Wheelock

21 Wheelock Street, Winthrop

14

Filed

(Month) (Day) (Year)

Sept 4/29

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Wm D. Childers
9.H.

Official position

H.O.

Date of issue of permit

Sept 4/29

Permit No.

1629

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

8-25

, 1929, to

9-2

1929

that I last saw him alive on

9-2

1929

and that death occurred, on the date stated above, at

10 A.M.

The CAUSE OF DEATH was as follows: (State fully)

Acute Dilatation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Chronic Nephritis

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death. For what

Date of operation

Was there an autopsy

If under one year, was infant Breast Fed

What test confirmed diagnosis

(Signed)

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Winthrop Cemetery, Winthrop

9/4/29.

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

R. Kirby

Winthrop.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer*, or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. The matter turn "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia, unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* "Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hantion," "Marasmus," "Old age." Shock, "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 45, G. L., as amended.*

information should be carefully supplied. Agree should be stated EXACTLY. In all cases should be properly classified. Exact statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.

200M 7-28 No. 2787-c

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

205 130

City or Town

Winthrop

No.

210 Pauline Street

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Dr. Joseph P. Monahan

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. 210 Pauline Street

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

15 yrs.

mos.

days.

How long in U. S., if of foreign birth? 18 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

Male

White

Married

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE

Catherine A. Lynch

6 AGE

Years

Months

Days

IF LESS than 1 day, hrs. or min.

59

4

29

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Dentist

(b) Name of employer

Self

8 BIRTHPLACE (City)

(State or country)

Ireland

9 NAME OF FATHER

Patrick Monahan

10 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME OF MOTHER

Unknown

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

PARENTS

13 Informant

(Address)

Mrs. Catherine A. Monahan

210 Pauline Street

14

Filed

(Month) (Day) (Year)

Sept 4 29

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Wm. J. Childers
a.H.

Official position

H.O.

Date of issue of permit

Sept 4/29

Permit No.

1628

15 DATE OF DEATH

9

2

29

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Aug. 31, 1929, to 9/2 1929.

that I last saw him alive on 9/2 1929.

and that death occurred, on the date stated above, at The CAUSE OF DEATH was as follows: (State fully)

Angina Pectoris

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed) Harry A. Kelly, M. D.

(Address)

209 Pleasant

Date

9/3/29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Old Calvary, Boston

Sept. 5, 1929.

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

R. Kirby

Winthrop

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of the next of kin or other authorized person or of any member of the household, if deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gon. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town, or if the person died, and was buried, from the clerk of the town where the human body was buried, and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent, or forwarded or from the clerk of the town where the body is buried, or forwarded. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in cases of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician in case of death by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent upon receipt of such statement and certificate, shall forthwith communicate it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained, and the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a physician or other person who has the care of the cemetery or burial place in which the interments made.—*Chap. 114, Sec. 46 of the Laws as amended.*

Statement of occupation.—(1) Give statement of occupation is very important so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *Plumber*, *Physician*, *Composer*, *Artist*, etc., *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Fireman*, (b) *Cotton*, (c) *Automobile factory*, (d) *Grocery*; (a) *Foreman*, (b) *Automobile factory*, (c) *Salesman*, (d) *Worked on may form part of the second statement.* The material return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Driver*, *laborer*, *farm laborer*, *Laborer—Coal mine*, etc. Women at home who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease ARISING from DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Furnace (retired)*, *0* (1913). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobor pneumonia*; *Erysipelatous*; *Tuberculous of lungs, meningis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., etc. (name origin; "Cancer" is less definite; "Tumor" for malignant neoplasms); *Measles*; *Wet* (avoid use of "Tumidular heart disease"; *Chronic interstitial nephritis*, etc.). The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 *da*. "Never report mere symptoms or terminal condition," (as "Anæmia," "Anæmia," (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Dysentery," "Senile," etc.), "Dropsy," "Exhaustion," "Heart fast," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicæmia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, kangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

City or Town of... **Springfield** during the month of... **September** 19. **29** ..

CERTIFICATE OF DEATH

131

STATE OF VERMONT

Place of death: **Windsor**

Former, or Usual Residence... **Fort Banks, Winthrop, Mass.**

How long at place of death... **1 day**

If in Hospital or Institution give its name... **none**

Name... **Thomas Hunt**

PERSONAL AND STATISTICAL PARTICULARS

Sex... **male** Color or race... **white**

Single, ~~Married~~ **Single**

Date of birth... **June 28 1879**

Age... **50** years **2** mos. **6** days

Occupation... **Soldier**

Place of birth... **Ireland**

Name of husband or wife, if married... **none**

Name of Father... **William Hunt**

Place of birth of Father... **Ireland**

Full name of Mother... **Bridget Hogan**

Place of birth of Mother... **Ireland**

The above particulars are true to the best of my knowledge and belief.

Significant... **R. E. Houke, Major M C U S A**Address... **Fort Banks, Winthrop, Mass.**Place of burial... **Military Reservation Fort Ethan Allen, Vt.**

Date of burial... **Sept. 5, 1929**

Undertaker... **C. E. Angell**

Address... **Springfield - Vt.**

To be filled out by person issuing burial permit.

MEDICAL CERTIFICATE AT DEATH

Date of death... **September 3 1929**

I hereby certify that I attended the deceased from... **Sept. 2 1929 to Sept. 3 1929**... that I last saw him alive on... **Sept. 2 1929**... and that death occurred on the date stated above at... **2 A.M.**

To the best of my knowledge and belief the cause of death was as follows:

CAUSE OF DEATH

(See instructions on back)

Chief... **Cerebral Hemorrhage**

Contributing... **Arterial Hypertension**

Duration... **1/2 hour**

Where contracted... **----**

Signed... **R. E. Houke** M. D.
Major M C U S A.

Date... **Sept. 3 1929**

Address... **Fort Banks, Winthrop, Mass.**

Filed... **Sept. 4 1929**

Zada Kendall, Ass't. Town Clerk

I hereby certify that the foregoing is a true copy. . .

Fida M. Kendall

Ass't.

Town Clerk.

Sept. 4

1929

Section 3777. Non-Residents; Certified Copies.

Certified copies when parties are non-residents. Said clerk shall, on the first day of each month, make a certified copy of all births, marriages and deaths filed in his office during the preceding month, whenever the parents of a child born, or a bride or a groom or a deceased person was a resident in any other town at the time of such birth, marriage or death, and shall transmit such certified copies to the clerk of the town in which such parents of a child born, the bride or the groom or the deceased was a resident at the time of such birth, marriage or death; and the clerk receiving such copies shall file the same.

These blanks may be obtained of the Secretary of the State Board of Health.

THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY MADE. N. E. WHITE PLAINLY, WITH UNFADING BLACK INK.

plied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Every item of information should be carefully supplied. See instructions and extracts from the laws on back of certificate. Exact statement of OCCUPATION is very important.

200,000. 9-26. NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

City or Town

Boston

No.

Smith Community Hospital St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Michael F. Martin

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

30 Woodside Ave.

St.

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Caucasian

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

Mary Blake

6 AGE

Years

Months

Days

IF LESS than
1 day,hrs.
ormin.

46

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Machinist

(b) Name of employer

8 BIRTHPLACE (City)

Fall River
Mass

(State or country)

9 NAME OF
FATHER

John Martin

10 BIRTHPLACE OF
FATHER (City)

Fall River

(State or country)

11 MAIDEN NAME
OF MOTHER

Eliza Blake

12 BIRTHPLACE OF
MOTHER (City)

Duland

(State or country)

13

Informant

(Address)

Mary Martin
30 Woodside Ave

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard
certificate of death was filed with me
BEFORE the burial or transit permit was issued

D. F. Childers

Official
position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH:

Sept 7 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1929, to Sept 3, 1929

that I last saw him alive on

Sept 3, 1929

and that death occurred, on the date stated above, at

80 m.

The CAUSE OF DEATH was as follows: (State fully)

Pulmonary Embolism

(duration) yrs. mos. 2 mos. 20 ds.

CONTRIBUTORY
(Secondary)

Pulmonary embolism

17 Where was disease contracted
if not at place of death

(duration) yrs. mos. 6 ds.

Did an operation precede death

yes For what Appendicitis

Date of operation

Sept 7, 1929

Was there an autopsy

no

If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed)

J. H. Burke

, M. D.

(Address)

4 Washington St.

Date

Sept 8, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Cemetery

DATE OF BURIAL

Sept 10, 1929

19 UNDERTAKER

Joseph L. Burke

ADDRESS

75 Hamden St.
BostonDate of
issue
of permit

Sept 14, 1929

Permit
No.

1631

(Approved by U. S. Census and American Public Health Association)

Statement of cause of death.—Name, first, the Disease Causing

state cause for which surgical operation was undertaken.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, metrorrhagia, necrosis, peritonitis, phlebitis, pyemia, splenitis, tetanus, typhoid, typhus, pyelitis, pyemia, pyemia.

GOVERNING THE

Sec. 9.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 45, G. L., as amended.*

2001. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000, 9-26, NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Standard Certificate of Death

PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 123

CITY OR TOWN Winthrop No. 409 Shirley St. Winthrop Ward 1
(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Annie Bobrick
(If U. S. War Veteran, specify WAR)

RESIDENCE No. 2161 Mass. Ave. St. Cambridge Ward 1
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred years 3 months 3 days How long in U. S., if of foreign birth? 20 years 0 months 0 days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female **4 COLOR OR RACE** white **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** married

5a If married, widowed or divorced HUSBAND or (or) WIFE of Morris Bobrick

6 AGE 53 Years Months Days IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) Name of employer

8 BIRTHPLACE (City) Russia
(State or country)

PARENTS

9 NAME OF FATHER Harry Dreamberg

10 BIRTHPLACE OF FATHER (City) Russia
(State or country)

11 MAIDEN NAME OF MOTHER Gertrude Campbell

12 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

13 Informant D. Housman
(Address) 409 Shirley

14 Filed Sept 23 1929
(Month) (Day) (Year) REGISTRAR Wm D Childress
a.H.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 7 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1929, to Sept 6, 1929,
that I last saw her alive on Sept 6, 1929, at 5 p.
and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)
Chronic nephritis (with hypertension)

CONTRIBUTORY Uremia (duration) Several yrs. 0 mos. 0 ds.
(Secondary) (duration) about yrs. 0 mos. 0 ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No
If under one year, was it by Dr. Christy
What test confirmed diagnosis blood

(Signed) William D. Housman, M.D.
(Address) 404 Commonwealth Ave
Date Boston, Mass

18 PLACE OF BURIAL, CREMATION, OR REINTERMENT Refineth Israel Cem. (City or town)
DATE OF BURIAL SEP 8 1929

19 UNDERTAKER Mmanuel Stanetsky ADDRESS Boston
H.O. Date of issue of permit Sept 8 1929 Permit No. 1630

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement, it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Farman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer-Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

(City or town)

Registered No.

134

City or Town

Winthrop

No.

22 Pico Ave

St.,

2

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Charles C. Baker

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. 22 Pico Ave

St.,

2

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred 15 yrs. - mos. - days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

Single

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

6 AGE

Years

Months

Days

IF LESS than

1 day,hrs.

ormin.

51

1

9

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Janitor. High School

(b) Name of employer

Town of Winthrop

8 BIRTHPLACE (City)

(State or country)

Malden

Mass

9 NAME OF FATHER

Charles R. Baker

10 BIRTHPLACE OF FATHER (City)

(State or country)

Hartford

Conn

11 MAIDEN NAME OF MOTHER

Eliza Jane Fairchild

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Hartford

Conn

13

Informant

(Address)

Brother Walter Baker

Winthrop Mass

14

Filed

(Month) (Day) (Year)

Sept 23, 29

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Official position

H-0

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept 10 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

April 23 1929, to Sept 10 1929

that I last saw him alive on Sept 10 1929

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH was as follows: (State fully)

Blastoderm (neck)

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) J. J. McKinney M. D.

(Address)

Date

Longmeadow Mass
Sept 11, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

Winthrop

19 UNDERTAKER

ADDRESS

Walter T. White Winthrop

Date of issue

of permit

Permit No.

Sept 24, 29

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc. *Carcinoma*, *Sarcoma*, etc., of "tumor" (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 23 da.; *Bronchopneumonia* (secondary), 10 da. "Never report mere symptoms or terminal conditions, such as, "Asplenia," "Anemia (merely symptomatic)," "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.). "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Paralysis," "Marasmus," "Old age," "Shock," "Premia," "Infantion," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any way in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

(City or town)

Registered No.

13

City or Town

Winthrop

No.

200 Washington Ave

St.

3

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary E. Brigham

(If U.S. War Veteran, specify WAR)

(a) Residence.

No. 200 Washington Ave

St.

3

Ward,

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

1 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Geo E. Brigham

6 AGE

Years

75

Months

8

Days

28

IF LESS than

1 day, hrs.

or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

(b) Name of employer

8 BIRTHPLACE (City)

Wampanoag

(State or country)

Maine

9 NAME OF
FATHER

John Hussey

10 BIRTHPLACE OF
FATHER (City)

Wampanoag

(State or country)

Maine

11 MAIDEN NAME
OF MOTHER

Mary Burnham

12 BIRTHPLACE OF
MOTHER (City)

Wampanoag

(State or country)

Maine

PARENTS

13 Informant

(Address)

Husband G. E. Brigham
Winthrop Mass

14

Filed (Month) (Day) (Year)

Sept 23, 29

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

W. H. White

Official
position

H.O.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept. 10, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

September, 1928

to September 10, 1929.

that I last saw her alive on

September 10, 1929.

and that death occurred, on the date stated above, at 12:10 p.m.

The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of face
(Malignant mole)CONTRIBUTORY
(Secondary)

General carcinomatosis

(duration)

yrs.

mos.

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

yes

For what

Removal of mole

Date of operation

September 1928

Was there an autopsy

no

What test confirmed diagnosis

clinical + laboratory

(Signed)

W. H. White M.D.

(Address)

302 Shirley St., Winthrop

Date

September 11, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Graton Cemetery Graton

(City or town)

DATE OF BURIAL

Sept 13/29

19 UNDERTAKER

ADDRESS

Walter T. White Winthrop

Date of
issue
of permit

Sept 23/29

Permit
No.

1122

Sept. 10, 1929.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *physician*, *compositor*, *architect*, *locomotive engineer*, *civil engineer*, *stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *farm laborer*, *laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing illness, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of "....." (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Meningeal*; *Whooping cough*; *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds*. *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Anemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concential," "Senile," etc.), "Prosy," "Exhaustion," "Heart failure," "Hemorrhage," "Hantion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicaemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicaemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the clerk of the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk County Winthrop State Massachusetts Registered No. 136
 City or Town Winthrop No. Winthrop Community Hospital ward ward
 If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Charles Henry Whittier
 (If U. S. War Veteran, specify WAR)
 (a) Residence. No. 172 Huntington Ave. Ward, Boston
 (Usual place of abode) (If non-resident, give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Jennie Elizabeth Campbell

6 AGE Years Months Days IF LESS than 1 day, hrs. or min.
79 1 3

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) Name of employer

Organist.

8 BIRTHPLACE (City) Greenwich.
 (State or country) New York.

9 NAME OF FATHER John H. Whittier.

10 BIRTHPLACE OF FATHER (City) Unable to obtain.
 (State or country)

11 MAIDEN NAME OF MOTHER Thankful Winch.

12 BIRTHPLACE OF MOTHER (City) Unable to obtain.
 (State or country)

13 Informant Eugene P. Whittier.
 (Address) 36 Ingle side Ave. Winthrop

14 Filed Sept 12, 1929 REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 11 1929.
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from June 24, 1929, to Sept 11, 1929,
 that I last saw him alive on Sept 11, 1929,
 and that death occurred, on the date stated above, at 5:50 P. m.
 The CAUSE OF DEATH was as follows: (State fully)

Chronic parenchymatous nephritis
Chronic myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis Personal Examination
 (Signed) Raymond B. Parker, M. D.

(Address) Winthrop Mass

Date Sept. 12. 1929.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn Everett.
 (Cemetery) (City or town)

DATE OF BURIAL

September 14, 1929.

ADDRESS

19 UNDERTAKER

Charles R. Berrison Winthrop.

Date of issue Sept 12, 1929 Permit No. 1634

Official position H.O.

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write None.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is epidemic cerebrospinal meningitis); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Cerebrum*, *Seracrum*, etc., of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* (Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsion," "Debility" ("Congenital," "Senile," etc.), "Prosy," "Exhaustion," "Heart failure," "Hemorrhage," "Hantion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any way in which it has been engaged, such recital shall appear upon its permit. The board of health or its agent upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall cheerfully furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Hay 5740

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState Mass(City or town) 137

Registered No.

City or Town WinthropNo. 62 Chester Ave.

St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth R. McGreece

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 62 Chester Ave.

St., _____ Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

Female White Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJames P. McGreece

6 AGE Years Months Days IF LESS than

1 day, _____ hrs.
or _____ min.75

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

New Brunswick

9 NAME OF FATHER

David MazerolleMazerolle

10 BIRTHPLACE OF FATHER (City)

(State or country)

New Brunswick

11 MAIDEN NAME OF MOTHER

Cannot be learned

12 BIRTHPLACE OF MOTHER (City)

(State or country)

New Brunswick

13

Informant
(Address)Alice D. Leighton
62 Chester Ave

14

Filed
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept 15 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Sept 12 1929 to Sept 25 1929

that I last saw him alive on

Sept 12 1929and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH was as follows: (State fully)Cronary Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) 5 yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death. No For what.

Date of operation

Was there an autopsy No

What test confirmed diagnosis

(Signed) C. M. Leighton M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. JosephsBoston

(Cemetery)

(City or town)

DATE OF BURIAL

9/18/29

19 UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

Date of issue of permit

Permit No. 1635Official position H.O.

0 Sept. 15. 1929.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *miner*. *Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housewife, House-keeper, or a definite salary*), may be entered as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of illness. If retired from duty, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired) 6 yrs.* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum, etc.*, *Carcinoma*, *Sarcoma, etc.*, or "....." (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectman for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent shall upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County **Suffolk** State **Boston** Registered No. **8557** Registered No. **BOSTON CITY HOSPITAL**
(Place of death) (Place of residence)
City or Town **Boston** No. **BOSTON CITY HOSPITAL** St., **Ward**
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

PETER J. CARLEN

(a) Residence. No. **68 HERMON** (If in the Army or Navy of the United States, give rank, organization, etc.)
(Usual place of abode) St., **Ward. WINTHROP, MASS.**
(If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M.** 4 COLOR OR RACE **W** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **M**

5a If married, widowed, or divorced HUSBAND of (or) WIFE of **ANN Ferguson**

6 AGE Years Months Days If less than 1 day, ... hrs. or ... min.
31

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **HELPER**

(b) Name of employer **NAVY YARD**

8 BIRTHPLACE (city or town) **BOSTON**

(State or country) **MASS.**

9 NAME OF FATHER **JAMES Carlen**

10 BIRTHPLACE OF FATHER (city or town) (State or country) **ST. ALBANS, VT.**

11 MAIDEN NAME OF MOTHER **ALICE CURTIS**

12 BIRTHPLACE OF MOTHER (city or town) (State or country) **BOSTON, MASS.**

13 Informant **ALICE CARLEN**
(Address) **WINTHROP, MASS.**

14 Filed **SEP 20**, 19 **29** **E. W. M. Glenew**
Registrar of city or town where death occurred

Filed **Sept 25**, 19 **29**
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **SEPT 17, 1929**
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

**SUBACUTE BACTERIAL ENDOCARDITIS
FOLLOWING EXTRACTION OF TEETH
AUG 31. CHR. MITRAL AND AORTIC
ENDOCARDITIS.**

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) **TIMOTHY LEARY**, M.D.

(Address) **BOSTON**

Medical Examiner for **SUFFOLK**
Date **SEPT 17, 1929**
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
MT. BENEDICT, BOSTON

DATE OF BURIAL
9-19-29
(Month) (Day) (Year)
ADDRESS

19 UNDERTAKER
J. D. KELLY

20 Burial permit issued by
Official position

21 Date of issue

PARENTS

Sept. 1-1.1929

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town)

1 PLACE OF DEATH

County SuffolkState Massachusetts Registered No. 139City or Town BostonNo. 10 Surfside Ave St., Winthrop Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frank F. Taylor

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No. 10 Surfside Ave St., Winthrop Ward. Mass
(Usual place of abode) (If non-resident give city or town and state)Length of residence in city or town where death occurred 22 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed

5a If married, widowed or divorced

HUSBAND of
WIFE ofFrancis E. Taylor

6 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.896-

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work
(b) Name of employerMachinist
National Lead Mfg Co.

8 BIRTHPLACE (City)

(State or country)

England
Manchester9 NAME OF
FATHERUnknown10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

Frank F. Taylor
10 Surfside Ave.

14

Filed

(Month) (Day) (Year)

Sep 23 1929

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issuedW. L. Childress

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept221929

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Sept 22, 1929that I last saw him alive on Sept 20, 1929and that death occurred, on the date stated above, at 11:15 a.m.

The CAUSE OF DEATH was as follows:

Cardio Vascular Disease(duration) 3 yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

Levility

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noIf under one year, was infant Breast Fed?
What test confirmed diagnosis?(Signed) Orville E. Johnson, M. D.(Address) 123 Waverly St WaverlyDate Sept 22 1929

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Winthrop Winthrop

(Cemetery)

(City or town)

Sept 25, 1929

19 UNDERTAKER

ADDRESS

Frank H. Park 4 Main St

Official

position Health OfficerDate of
issue of permit9/23/29Permit
No. 1636

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soldierman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 da.; *Bronchopneumonia* (secondary), 10 da. Never report more symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Semile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . —*Gen. Laws, Chap. 46, Sec. 8.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

Winthrop

(City or town)

PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 12 Cherry

City or Town Winthrop No. 12 St. Cherry Ward 12

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

(a) Residence. No. 12 Cherry St. St. Cherry Ward 12

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED, (write the word) Married

5a If married, widowed, or divorced

HUSBAND of Francis Perry
(or) WIFE of

6 AGE Years Months Days if less than 1 day.... hrs. or.... min.
44

IF STILLBORN, enter that fact here

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Real Estate

(b) Name of employer

BIRTHPLACE (City)

(State or country) Maine

NAME OF FATHER

John

BIRTHPLACE OF FATHER (City)

Cannot be learned

(State or country)

MAIDEN NAME OF MOTHER

Grace Pillsbury

BIRTHPLACE OF MOTHER (City)

(State or country) Maine

13 Informant Mrs. Francis Greene

(Address) 12 Cherry St.

14 Filed Sept 30 1929

(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by W.D. Childress

Official position Health Officer

21 Date of issue 9/24/29

Permit No. 1637

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 23 1929
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Natural causes
Coronary Thrombosis

(See reverse side for description for unknown person)

17 In what City or town was injury sustained?

(Signed) Amelia Perry M. D.

(Address)

Medical Examiner for

Date Sept. 24 1929
(Month) (Day) (Year)

PLACE OF BURIAL, CREMATION, or REMOVAL

Winthrop
(Cemetery)

Winthrop
(City or town)

DATE OF BURIAL

Sept 26 29
(Month) (Day) (Year)

UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased.

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . .—*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

. . . A medical examiner has no right to delay filing the certificate referred to (death certificate) until judicial inquiries have been concluded and certified, . . .—*Extract from Opinion of the Attorney General, July 29, 1926.*

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medicolegal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

Sept. 23. 1929.

should be carefully supplied. AGE must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

New York

Registered No.

(City or town)

144

City or Town

New York

No.

Village Orient N.Y.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Eliza J. Burgher

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. No.

72 Temple Ave. Westbury Mass

Ward.

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Charles Burgher

6 AGE

Years

68

Months

11

Days

14

If LESS than

1 day, ____ hrs.
or ____ min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Montague Bridge
P.E.I.

9 NAME OF FATHER

Daniel Mc Faren

10 BIRTHPLACE OF FATHER (City)

(State or country)

Montague Bridge
P.E.I.

11 MAIDEN NAME OF MOTHER

Mary A Mc Farlane

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Souris
P.E.I.

13

Informant

(Address)

Son Stephen J. Burgher
72 Temple Ave Westbury Mass

14

Filed

(Month) (Day) (Year)

SEP 28 1929

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Sept

24

1929

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

____, 19____, to

____, 19____,

that I last saw him alive on

____, 19____,

and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH was as follows:

Apoplexy

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY

(SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) ____

M. D.

(Address) ____

Date

(Month)

(Day)

(Year)

18 PLACE OF BURIAL, CREMATION OR REMOVAL

Woodlawn

(Cemetery)

Everett

(City or town)

DATE OF BURIAL

Sept 26-29

19 UNDERTAKER

Frank E. Brown

ADDRESS

East Boston

Official position

Date of issue of permit

9/24/29

Permit NO.

4463

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*;

(c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not giftfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Example: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonum*, etc. *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile" etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, childpila, childbirth, convulsions, hemorrhage, gastrocn, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .—*Gen. Laws, Chap. 46, Sec. 6.*

No undertaker or other person shall bury a human body. . . until he has received a permit from the board of health or its agent. . . or . . . from the clerk of the town where the person died. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk. . . a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 58, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 58, Sec. 7.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Braintree

(City or town)

1 PLACE OF DEATH

Registered No. 167 142

(Place of death)

County Norfolk State Mass Registered No. _____
 City or town Braintree No. Norfolk County Hospital 308 Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Kathryn Tierney

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 61 Edgehill Rd. SK
 (Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months 9 days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR
 DIVORCED (write the word) single

5a If married, widowed, or divorced
 Name of } HUSBAND
 (or) WIFE

6 AGE Years Months Days If LESS than
28 0 25 1 day, hrs.
 or min.

If TILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stenographer
 (b) Name of employer

8 BIRTHPLACE (city or town) East Boston,
 (State or country) Mass.

9 NAME OF FATHER Thomas Tierney

10 BIRTHPLACE OF FATHER (city or town) Boston,
 (State or country) Mass.

11 MAIDEN NAME OF MOTHER Mary Marsh

12 BIRTHPLACE OF MOTHER (city or town) Gloucester,
 (State or country) Mass.

13 Informant Hospital Records.

(Address) (S) Braintree, Mass.

14 Filed 9-25-29, 19 M. M. Tierney
 Registrar of city or town where death occurred

Filed Sept. 28, 19 29
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH September 24, 1929
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Sept. 16, 1929, to Sept. 24, 1929.

that I last saw her alive on Sept. 24, 1929.

and that death occurred, on the date stated above, at 5.50 P. m.
 The CAUSE OF DEATH was as follows: (State fully)

Pulmonary Tuberculosis

(duration) 6 yrs. 9 mos. 9 ds.

CONTRIBUTORY
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

17 Where was disease contracted if not at place of death Winthrop

Did an operation precede death no For what _____

Date of operation _____

Was there an autopsy no

What test confirmed diagnosis Bacilli in sputum

(Signed) M. Weiman, M. D.

(Address) Norfolk County Hospital,

Date Sept. 25, 1929. S. Braintree.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL

9-27, 19 29

19 UNDERTAKER

John F. O'Maley

ADDRESS

Winthrop

may be properly classified. Exact statement of OCCUPATION is very important.

Sept. 24, 1929,

STANDARD CERTIFICATE OF DEATH

Winthrop.

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

City or Town

Winthrop

No.

34 Willow Avenue

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sarah Ellen McNeill

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

34 Willow Avenue

St.

Ward,

(Usual place of abode)

Length of residence in city or town where death occurred

17 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

(If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female.

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED,

or DIVORCED (write the word)

Single.

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than

1 day,hrs.

or.....min.

47

3

8

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School teacher.

(b) Name of employer

City of Boston.

8 BIRTHPLACE (City)

Pembroke.

(State or country)

Nova Scotia.

9 NAME OF FATHER

George H. McNeill.

10 BIRTHPLACE OF FATHER (City)

East Boston.

(State or country)

Massachusetts.

11 MAIDEN NAME OF MOTHER

Harriet H. Hazel

12 BIRTHPLACE OF MOTHER (City)

Pembroke.

(State or country)

Nova Scotia.

13

Informant

George H. McNeill.

(Address)

34 Willow Avenue.

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-

ard certificate of death was filed with me

BEFORE the burial or transit permit was issued

Official

position

Health Officer

Date of

issue

of permit

10/3/29

Permit

No.

1640

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

10

1

29

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

10-1-

1929,

to

10-1-

1929.

that I last saw her alive on

10-1-

1929.

and that death occurred, on the date stated above, at

1 P. m.

The CAUSE OF DEATH was as follows: (State fully)

Cerebral Haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted

if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

J. J. Kelly, M. D.

(Address)

200 Pleasant

Date

10-2-29.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Woodlawn

Everett

(Cemetery)

(City or town)

DATE OF BURIAL

Oct. 3, 1929

19 UNDERTAKER

Charles R. Berrison

ADDRESS

Winthrop.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, and certificate, shall forthwith consign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying any cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer*, or *farmer and stock raiser*, *miner*, *tailor*, *carpenter*, *blacksmith*, *plumber*, *physician*, *composer*, *architect*, *locomotive engineer*, *fireman*, *stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinster*, (b) *Cotton mill*; (a) *Salesman*, (b) *Automobile factory*. The material worked on may, if a foreman part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*. Care should be taken to report specifically for the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Cause. Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH

Winthrop
~~BOSTON~~

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

145

City or Town

Boston

No.

Winthrop Community

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Carmela Vitagliano

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

94 Bellevue Ave

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

1 years 4 months

days.

How long in U. S., if of foreign birth? *20* years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)*Female**White**married*

5a If married, widowed or divorced

(or) WIFE of

Felice Vitagliano

6 AGE

Years

Months

Days

IF LESS than
1 day, ... hrs.
or min.*25*

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work*Housewife*

(b) Name of employer

Home

8 BIRTHPLACE (City)

(State or country)

*Italy*9 NAME OF
FATHER*Carmine A Pisaturo*10 BIRTHPLACE OF
FATHER (City)

(State or country)

*Italy*11 MAIDEN NAME
OF MOTHER*Pasqualina Dellalio*12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Italy

13

Informant

Husband Felice Vitagliano

(Address)

94 Bellevue Ave. Winthrop

14

Filed

Oct 7, 1929

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued*W.D. Childress*Official
position*Health Officer*Date of
issue
of permit*10/12/29*Permit
No.*1638*

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

*Oct**2th**1929*

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY That I attended deceased from

*Sept 30**1929*

to

*Oct 2**1929*

that I last saw him alive on

*Oct 2**1929*and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)*10 10**11* m.*Post Partum Haemorrhage*

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)*Gnertia Uterii*

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death*Winthrop Community Hosp*

Did an operation precede death

For what

Date of operation

Was there an autopsy

no

If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed)

Spura et al

, M. D.

(Address)

200 1st Avenue St

Date

Oct 2 - 29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery)

(City or town)

*Holy Cross Malden**Oct 4, 1929*

19 UNDERTAKER

ADDRESS

*R. D. Guarante**Boston*

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprinkler*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Never return "laborer," "workman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scront, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Nephritis*; *Whooping cough*, etc.; "....." (name origin); *Chronic interstitial nephritis*, etc. The *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicæmia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained, or if, for sufficient reasons, it is insufficient, a physician retained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH _____
County Suffolk State Massachusetts Registered No. _____

City or Town Winthrop No. 97 Locust St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Martha Victoria McKay Harvey
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 97 Locust St., Ward, (If non-resident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married.
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5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Harold P. Harvey

6 AGE	Years	Months	Days	IF LESS than 1 day,hrs. or.....min.
	132	6	15	

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. At home.
(b) Name of employer

8 BIRTHPLACE (City) St. Johns.
(State or country) N Y

9 NAME OF FATHER William A. McKay.

10 BIRTHPLACE OF FATHER (City)
(State or country) New Zealand

11 MAIDEN NAME OF MOTHER Elfreda Wareham.

12 BIRTHPLACE OF
MOTHER (City)
(State or country) Newfound Land.

13 Informant Harold P. Harvey.
(Address) 97 Locust St. Winthrop.

14 Filed 6-11-29
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct. 2 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from.....
 1991 10 22 29

that I last saw him alive on..... 19.....

and that death occurred, on the date stated above, at.....m.
The CAUSE OF DEATH was as follows: (State fully)

Delmonney 7.13.
(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

17 Where was disease contracted if not at place of death (duration) yrs. mos. ds. 40 Vietnam LA

Did an operation precede death..... For what.....

Date of operation

Was there an autopsy.....

What test confirmed diagnosis.....

(Signed) _____, M. D.

(Address) Washington DC

Date 10/2/49

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Winthrop Winthrop October 4,
(Cemetery) (City or town) 1929.

19 UNDERTAKER	ADDRESS
Charles R. Bennison	Winthrop

Official *Health Officer* Date of issue *11/3/29* Permit No. *16*

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer*, or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Cotton mill*, (c) *Steamer*, (b) *Greasy*, (c) *Spinner*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically *school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses, Menstruating cough*; *The valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Drenas," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childhood or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, phlebitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section _____, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a venial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such venial shall appear upon the permit, and certificate, shall forthwith connect with it, and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying any cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000, 9-26, NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Massachusetts Registered No. 1000
City or Town Wentworth No. Community Hosp. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Flurby
(If U. S. War Veteran, specify WAR)
(a) Residence. No. 769 North Shore Rd. St. Revere Ward, Revere
(Usual place of abode)
Length of residence in city or town where death occurred years months days. How long in U. S. if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5a If married, widowed or divorced HUSBAND of (or) WIFE of				
6 AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here Stillborn

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) Name of employer

8 BIRTHPLACE (City) Wentworth
(State or country)

9 NAME OF FATHER Linus Flurby

10 BIRTHPLACE OF FATHER (City) Revere
(State or country)

11 MAIDEN NAME OF MOTHER Mildred Osterhouse

12 BIRTHPLACE OF MOTHER (City) Walden
(State or country)

13 Informant Mr. Mary Flurby
(Address) 1 - Shore Road Revere

14 Filed Oct 7 1929
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued V. S. Childrey

MEDICAL CERTIFICATE OF DEATH
15 DATE OF DEATH 10/3/29
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from 19 to 19
that I last saw h alive on 19
and that death occurred, on the date stated above, at Revere m.
The CAUSE OF DEATH was as follows: (State fully)

Still birth
(duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) 0
(duration) 0 yrs. 0 mos. 0 ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) Michael L. Krueger M. D.

(Address) 114 Shirley Ave. Revere

Date 10/5/29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Immaculate Conception
(Cemetery) (City or town)

19 UNDERTAKER F. H. Fournell
ADDRESS Revere

Date of issue of permit 10/5/29 Permit No. 1643

(Approved by U. S. Census and American Public Health Association)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState Mass

(City or town)

Registered No. 111City or Town WinthropNo. 51 Fremont St

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas E. Doherty

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. 51

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.31

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workMechanic

(b) Name of employer

8 BIRTHPLACE (City)

Chelsea

(State or country)

Mass9 NAME OF
FATHERThomas10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland11 MAIDEN NAME
OF MOTHERElizabeth Doherty12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant
(Address)Elizabeth Pease
51 Fremont St

14

Filed
(Month) (Day) (Year)Oct 18 1929

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
Position

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

10/6/29

19 UNDERTAKER

ADDRESS

John H. O'Malley WinthropDate of
issue
of permitPermit
No.10/5/29 1642

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Oct. 4. 1929.

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

RETURN OF CERTIFICATES OF DEATH

None.

tonitis," etc.

State cause for which surgical operation was undertaken.

tion.)

"primary": if secondary, give primary cause.

tetanus.

officer and the date of his death.—*Gen. Laws, Chap. 40, Sec. 3.*

amended.

died by violence.—*Gen. Laws. Chap. 38, Sec. 6.*

cause and manner of death.—*Gen. Laws, Chap. 88, Sec. 1.*

G. L. as amended.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Wentworth State N.H. Registered No. 149City or Town Wentworth No. 72 Belvidere St., 149 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Francis Richardson

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 72 Belvidere St., 149 Ward,

(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. 0 mos. 0 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCora J. Peterson Richardson6 AGE Years Months Days IF LESS than 1 day, hrs. or min.
28 4 24

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Radios

(b) Name of employer

Merchant8 BIRTHPLACE (City) Wentworth
(State or country) N.H.

9 NAME OF FATHER

John Richardson

10 BIRTHPLACE OF FATHER (City)

South Port

(State or country)

Eng

11 MAIDEN NAME OF MOTHER

Jessie G. Gilling

12 BIRTHPLACE OF MOTHER (City)

Wentworth

(State or country)

13

Informant

Cora J. Peterson Richardson

(Address)

72 Belvidere

14

Filed

Oct. 8, 29

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 5 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Aug. 15, 1929, to Oct 5, 1929.that I last saw him alive on Oct 5, 1929.and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH was as follows: (State fully)Endocarditis Malignant(duration) yrs. 4 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of deathDid an operation precede death No. For what.

Date of operation

Was there an autopsy No

What test confirmed diagnosis

(Signed) Edward J. Trauger, M. D.(Address) 476 S. Taylor St. W. inDate Oct. 7, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Wentworth Wentworth

(Cemetery)

(City or town)

DATE OF BURIAL

Oct. 8, 1929

19 UNDERTAKER

Charles R. Bemison Wentworth

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Official position Health Officer Date of issue 10/7/29 Permit No. 1645

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material turned "Laborer," "Foreman," "Manager," "Peeler," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is Epidemic cerebrospinal meningitis); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meclesia*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meclesia* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asbestosis", "Anemia" (merely symptomatic), "Atrophy", "Collapse", "Coma", "Convulsions", "Debility" ("Congenital", "Senile", etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemorrhage", "Inanition", "Marasmus", "Old age", "Shock", "Uremia", "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal *septicemia*", "puerperal peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Winthrop

1 PLACE OF DEATH

County

Suffolk

State

Mass

(City or town)

Registered No.

City or Town

Winthrop

No.

52 Sea View Ave.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Edward Dunn

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. 52 Sea View Ave.

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Margaret Rabbeth

6 AGE

Years

Months

Days

IF LESS than
1 day,hrs.
ormin.

72

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Shoe Cutter

(b) Name of employer

8 BIRTHPLACE (City)

Natick

(State or country)

Mass.

9 NAME OF
FATHER

Michael

10 BIRTHPLACE OF
FATHER (City)
(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Margaret Cowey

12 BIRTHPLACE OF
MOTHER (City)
(State or country)

Ireland

13

Informant
(Address)Mrs. Margaret Dunn
52 Sea View Ave.

14

Filed
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
positionDate of
issue
of permit

ADDRESS

Permit
No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct. 5 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Jan. 1927, to Oct. 5 1929

that I last saw him alive on Oct. 4 1929

and that death occurred, on the date stated above, at 5 A. M.
The CAUSE OF DEATH was as follows: (State fully)

Coronary Thrombosis

(duration)yrs.mos.ds.

CONTRIBUTORY

(Secondary)

(duration)yrs.mos.ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death? No For what

Date of operation

Was there an autopsy? No

What test confirmed diagnosis

(Signed) J. P. M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Stephens Framingham
(Cemetery) (City or town)

Oct 7 1929

19 UNDERTAKER

ADDRESS

John F. O'Malley Winthrop

W.C.R. 5.1929

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer*, or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinster*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically each of the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *The valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. "Never report mere symptoms or terminal conditions, such as "Asbestosis," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "Primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the board of health, or application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

Winthrop

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

(City or town)

151

City or Town

Boston

No.

39 Sea Foam Ave.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jemine Fishman

(If U. S. War Veteran, specify WAR)

(a) Residence, No.

(Usual place of abode)

39 Sea Foam Ave.

Ward,

Winthrop

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Simon

6 AGE

60

Years

Months

Days

IF LESS than 1 day..... hrs. cr. min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Russia

9 NAME OF FATHER

Waskell Greenberg

10 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

11 MAIDEN NAME OF MOTHER

Hinda Canaan learned

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

13 Informant

(Address)

Dr. Fishman

126 Albany St.

14 Filed

Oct 8 1929

Brookline

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. D. Childress

Official position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct

7

1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Jan 10

1928

to

Oct 7

1929

that I last saw her alive on

Oct 6

1929

and that death occurred, on the date stated above, at

7

a

m.

The CAUSE OF DEATH was as follows: (State fully)

Chronic myocarditis

General arteriosclerosis

(duration) 1 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

Hypostatic pneumonia

(duration) yrs. mos. 7 ds.

17 Where was disease contracted if not at place of death

Did an operation precede death

no

For what

Date of operation

Was there an autopsy

no

If under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed)

Benjamin Berkowitz

M. D.

(Address)

33 Allen St., Boston

Date

Oct 7 - 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Grave of Boston

(City or town)

DATE OF BURIAL

OCT 7 1929

19 UNDERTAKER

ADDRESS

Maimie Stenetsky

Boston

Official position

Death Officer

Date of issue

Oct 7 1929

Permit No.

1644

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Labor pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inconcurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ashtenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misarrriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by the violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

(City or town)

Registered No.

152

City or Town

Dorchester

No.

Dorchester Community Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Frances J. Meserve

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. 37 Lewis Ave.,

St.,

Dorchester Mass

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

S.

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

6 AGE

73 Years

Months

Days

IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Teacher.

(b) Name of employer

Dorchester Community Hospital.

8 BIRTHPLACE (City)

(State or country)

Dorchester, Mass.

9 NAME OF FATHER

Francis J. Meserve

10 BIRTHPLACE OF FATHER (City)

(State or country)

Dorchester, Mass.

11 MAIDEN NAME OF MOTHER

Lulu Hart

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Dorchester, Mass.

13

Informant

(Address)

Dorchester, Mass.
Mrs. Lulu Meserve

14

Filed

(Month) (Day) (Year)

Oct 14, 1929

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

October 11, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

October 7, 1929, to October 11, 1929.

that I last saw her alive on October 11, 1929.

and that death occurred, on the date stated above, at 12:56 p.m.

The CAUSE OF DEATH was as follows: (State fully)

Subacute appendicitis & operation therefore.

CONTRIBUTORY (Secondary)

Lobar pneumonia (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death? Yes. For what? Subacute appendicitis

Date of operation

October 7, 1929.

Was there an autopsy?

No

What test confirmed diagnosis

Clinical & laboratory.

(Signed)

Jacob Liberman M.D.

(Address)

562 Shirley St., Dorchester

Date

October 11, 1929. Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Dorchester, Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

10/14/29

19 UNDERTAKER

J. S. Shepherd Dorchester, Mass.

ADDRESS

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Official position

Health Officer

Date of issue

10/14/29

Permit No.

1645

Wk. 11 1929.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term in the first line will be sufficient, e. g., *farmer* or *landlord*; *physician*, *compositor*, *architect*, *locomotive engineer*, *civil engineer*, *stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of " " (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Pneumia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by accident, the medical examiner shall make such certificate. If the death certificate contains a rectum, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectum shall appear upon the permit, and certificate, shall rectum shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith conneSIGN it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

City or town

No.

Registered No.

(Place of death)

Registered No.

(Place of residence)

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(a) Residence.

State

City or Town

No.

St.

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

Length of residence in city or town where death occurred

years

8 months 19

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE

6 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

13

Informant
(Address)

14

Filed 10/17, 1929 Registrar of city or town where death occurred

Filed 10/22, 1929 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Jan 28, 1929, to Oct 16, 1929.

that I last saw him alive on Oct 16, 1929.

and that death occurred, on the date stated above, at 4.30 P.m.

The CAUSE OF DEATH was as follows: (State fully)

Carcinoma of tongue with
metastases

Am (duration) 9 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)Bronchopneumonia
Am (duration) yrs. mos. 7 ds.17 Where was disease contracted
if not at place of death.

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis

(Signed) George M. Sullivan, M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Oct. 19, 1929

ADDRESS

19 UNDERTAKER

Regnier & Regnier

Linnell

Oct. 16, 1929

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MiddlesexState Mass.Registered No. 439 158

(Place of death)

City or town State Infirmary
Tewksbury, Mass.No. State InfirmaryRegistered No. State Infirmary

(Place of residence)

St., State Infirmary Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Paul Brown

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.City or Town WinthropNo. State InfirmarySt. State Infirmary

(Usual place of abode)

Length of residence in city or town where death occurred 2 years 9 months 25 days. How long in U. S., if of foreign birth? -- years -- months -- days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofNot Learned

6 AGE

Years

Months

Days

If LESS than

1 day, --- hrs.

or --- min.

72621

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workLaborer

(b) Name of employer

8 BIRTHPLACE (city or town)

Not learned

(State or country)

Pa.9 NAME OF
FATHERCornelius Brown10 BIRTHPLACE OF
FATHER (city or town)Not learned

(State or country)

Pa.11 MAIDEN NAME
OF MOTHERCatherine (Not learned)12 BIRTHPLACE OF
MOTHER (city or town)Not learned

(State or country)

Pa.

13

Informant Hospital records(Address) STATE INFIRMARY, TEWKSBURY

14

Filed Oct. 17, 1929

Registrar of city or town where death occurred

Filed Nov. 29, 1929

Registrar of city or town where deceased resided

15 DATE OF DEATH

October 17, 1929

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY, That I attended deceased from

Dec. 22, 1926, to Oct. 17, 1929

that I last saw him alive on

Oct. 17, 1929and that death occurred, on the dated stated above, at 1:40 A.M.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis(duration) + yrs. --- mos. --- ds.

CONTRIBUTORY

(SECONDARY)

(duration) --- yrs. --- mos. --- ds.17 Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Phys. Exam.(Signed) E. J. J. Nicholson, M. D.(Address) State Infirmary, Tewksbury,Date Oct. 17, 1929, Mass.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Cem. Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

10/19/1929

19 UNDERTAKER

C. R. Bennison

ADDRESS

Winthrop

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g. *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Cart engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples, (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer*, *Farm Laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 8 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid Fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *89 da*; *Bronchopneumonia* (secondary), *10 da*. Never report more symptoms or terminal conditions, such as "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Col-lapsus," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Ins-mition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puer-peral septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Com-mittee on Nomenclature of the American Medical Association.)

Bronchopneumonia. If primary cause, write the word "pri-mary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscar-riage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a stand-ard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the di-ration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury a human body . . . until he has received a permit from the board of health or its agent . . . or . . . from the clerk of the town where the person died; . . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk . . . a satisfactory written statement con-taining the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a sat-isfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insuffi-cient, a physician who is a member of the board of health, or em-ployed by it or by the selectmen for the purpose, shall upon ap-plication make the certificate required of the attending physi-cian. If death is caused by violence, the medical examiner shall make such certificate. . . . The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Gen. Laws, Chap. 114, Sec. 46.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by vi-olence.—*Gen. Laws, Chap. 38, Sec. 6.*

. . . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; other-wise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health Physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poison), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STANDARD CERTIFICATE OF DEATH

Chelsea

(City or town)

1 PLACE OF DEATH

Registered No. 615

(Place of death)

County Suffolk

State Mass.

Registered No. 159

(Place of residence)

City or town Chelsea

No. Memorial Hospital

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emily L. Ames

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass.

City or Town Winthrop

No. 25 Washington Av. 6t.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE

Hubert E. Ames

6 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.

41

2

5

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At home

(b) Name of employer

8 BIRTHPLACE (city or town)

East Boston, Mass.

(State or country)

9 NAME OF
FATHER

George Sweeney

10 BIRTHPLACE OF
FATHER (city or town)

St. John, N.B.

(State or country)

11 MAIDEN NAME
OF MOTHER

Elizabeth Calvert

12 BIRTHPLACE OF
MOTHER (city or town)

Gloucester, N.J.

(State or country)

13 Informant

Hubert E. Ames

(Address)

25 Washington Ave., Winthrop

14 Oct. 18, 1929

Filed

Registrar of city or town where death occurred

Filed Dec. 6, 1929

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Oct. 18, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Oct. 9

,

19

29,

to

Oct. 18

,

19

29

that I last saw her alive on Oct. 18, 1929

and that death occurred, on the date stated above, at 1.40 p. m.

The CAUSE OF DEATH was as follows: (State fully)

Pneumonia-lobar

(duration) yrs. mos. 3 ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death Yes For what Caesarean

Date of operation Oct. 9, 1929

Was there an autopsy No

What test confirmed diagnosis x-ray & clinical

(Signed) J. J. Layton, M. D.

(Address) 46 Bartlett St., Winthrop

Date Oct. 18, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop, Winthrop Oct. 21, 1929

(Cemetery)

(City or town)

19 UNDERTAKER

J. S. Waterman & Sons

DATE OF BURIAL

Oct. 21, 1929

(City or town)

ADDRESS

Boston

Oct. 18. 1929.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk County Winthrop State Mass Registered No. 154
 City or Town Winthrop No. 15 Court St. Ward 1
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Emma, Guile's Hall
 (If U. S. War Veteran, specify WAR)
 (a) Residence. No. 15 Court St. Ward, 1
 (Usual place of abode)
 Length of residence in city or town where death occurred 1 yrs. mos. days. How long in U. S., if of foreign birth? 1 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

5a If married, widowed, or divorced
 HUSBAND of Lafayette E. Hall
 (or) WIFE of

6 AGE Years 77 Months 0 Days 0 IF LESS than 1 day, 0 hrs. or 0 min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
 (b) Name of employer

8 BIRTHPLACE (City) Owls Head
 (State or country) Me

PARENTS

9 NAME OF FATHER Anthony Dyer

10 BIRTHPLACE OF FATHER (City) Owls Head Me
 (State or country)

11 MAIDEN NAME OF MOTHER Sabra. Aery

12 BIRTHPLACE OF MOTHER (City) Owls Head Me
 (State or country)

13 Informant Anna H Surman
 (Address) 15 Court Rd Winthrop

14 Filed Nov 29 Bessie L. Dodge REGISTRAR
 (Month) (Day) (Year)

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Oct 24 1929
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Oct 24, 1929.

that I last saw him alive on Oct 24, 1929.

and that death occurred, on the date stated above, at 5:00 p.m.
 The CAUSE OF DEATH was as follows: (State fully)

Coronary atherosclerosis
 (duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) (duration) 0 yrs. 0 mos. 0 ds.

17 Where was disease contracted if not at place of death ✓

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis as a result

(Signed) R. S. Surman, M. D.

(Address) Winthrop Mass

Date Oct 24 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Acorn Cemetery - Rockland Me
 (Cemetery) (City or town)

DATE OF BURIAL Oct 27/29

19 UNDERTAKER C Geo R Bannum
 ADDRESS Winthrop

Official Health Officer W. D. Childers Date of issue 10/25/29 Permit No. 1646

Revised United States Standard Certificate of Death
(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never re- turn "Laborer," "Foreman," "Manager," "Dealer," etc., with- out more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *House- school* or *At home*, and children, not gainfully employed, as *At home*, *as Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness, the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease. Caus- ing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneu- monia," unqualified, is indefinite); *Tuberculosis of lungs*, *men- tiges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing report, 29 da.; *Bronchopneumonia* (secondary), 10 da. Never mislead by "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Goma," "Convulsions," "Debility" ("Congestive"), "Senile," "Paralysis," "Exhaustion," "Heart failure," "Hemorrhage," "Anthrax," "Erysipelas," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peri- tonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Associa- tion.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, mis- carriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forth- with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the de- ceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the dura- tion of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall ex- hume a human body and remove it from a town, or from one town to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until the facts required by law to be returned and recorded, and which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for suffi- cient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a mem- ber of the board of health, or employed by it or by the select- men for the purpose, shall upon application make or by the select- men required of the attending physician. If death is caused by vi- olence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, and certificate, and shall forthwith countersign it and trans- mit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the common- wealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or town)

Registered No. 9534

(Place of death)

County **Suffolk**

State

Registered No. 155

(Place of residence)

City or town **Boston**

No.

MASS. HOMEOPATHIC HOSPITAL

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

ALFRED T. GARBUTT

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**City or Town **WINTHROP**No. **233 MAIN**

St.

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**M.**

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE**HELEN GENTLE**

6 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.**58**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**PRINTER**

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

ENGLAND9 NAME OF
FATHER**ISAAC**10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

ENGLAND11 MAIDEN NAME
OF MOTHER**UNKNOWN**12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

13 Informant

NORMAN W. GARBUTT

(Address)

233 MAIN ST. WINTHROP14 Filed **OCT 28**, 19 **29****E. W. M. Glenew**

Filed

Oct 28, 19 **29**

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

OCT 25, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

OCT 16, 19 **29**, to**OCT 25**, 19 **29**that I last saw h **IM** alive on**OCT 25**, 19 **29**

and that death occurred, on the date stated above, at

8 A

m.

The CAUSE OF DEATH was as follows: (State fully)

CARCINOMA OF SIGMOID AND OPERATION**THEREFORE.**

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)**CHRONIC MYOCARDITIS**

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of deathDid an operation precede death **YES**For what **ABOVE**

Date of operation

OCT 22, 1929

Was there an autopsy

What test confirmed diagnosis

CLINICAL

(Signed)

C. A. POWELL

, M. D.

(Address)

Date

OCT 23, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WINTHROP, WINTHROP

(Cemetery)

(City or town)

DATE OF BURIAL

10-28-29

, 19

ADDRESS

19 UNDERTAKER

C. R. BENNISON

Dec. 25. 1929.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or town)

Registered No. 9685

(Place of death)

County **Suffolk**

State

Registered No.

(Place of residence)

City or town

Boston

No.

ELIOT HOSPITAL

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

ARAKEL SOGOMONIAN

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

90 SHORE DRIVE

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**W.**

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE**AGAVNEY**

6 AGE

Years

Months

Days

If LESS than

1 day, ... hrs.
or ... min.**54****7****4**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**RUG DEALER**

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

TURKEY9 NAME OF
FATHER**UNKNOWN**10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

TURKEY11 MAIDEN NAME
OF MOTHER**-----**12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

TURKEY

13 Informant

TAKON SOGOMONIAN

(Address)

9 VENNER RD. ARLINGTON

14

Filed

NOV 1

, 19

E. W. M. Glenew

Filed

Nov. 8

, 19

Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

OCT 28, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

MAY 26

, 19

29

to

OCT 28

, 19

29that I last saw h **IM** alive on**OCT 27**

, 19

29and that death occurred, on the date stated above, at **4 A** m.

The CAUSE OF DEATH was as follows: (State fully)

HEART (CORONARY THROMBOSIS)(duration) yrs. **2** mos. **8** ds.CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

A. D. MAC LENNAN

, M. D.

(Address)

Date

OCT 28, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

FOREST HILLS, BOSTON

(Cemetery)

(City or town)

DATE OF BURIAL

10-30

, 19

29

19 UNDERTAKER

J. S. WATERMAN & SONS

ADDRESS

Oct. 28. 1929

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "umor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Constitutional," "Senile," etc.), "Triniton," "Exhaustion," "Heart failure," "Hemorrhage," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or marriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any way in which it has been engaged, such recital shall appear upon the permit, permit and certificate, shall forthwith consign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased or as to the manner or cause of the death which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

(City or town)

Winthrop 1163

City or Town

Winthrop

No.

20 Winthrop

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Sam. Freeman Covele

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. 20 Winthrop

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred 17 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Clara E. Dunham Covele

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

61

5

14

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Master Mariner

(b) Name of employer

Gordon Dexter Boston

8 BIRTHPLACE (City)

Nahant

(State or country)

Mass

PARENTS

9 NAME OF
FATHER

Samuel Covele

10 BIRTHPLACE OF
FATHER (City)

Weyfleet

(State or country)

Cape Cod Mass

11 MAIDEN NAME
OF MOTHER

Jerusha F. Brown

12 BIRTHPLACE OF
MOTHER (City)

Weyfleet Mass

(State or country)

13

Informant
(Address)Mrs. Clara E. Covele
20 Winthrop St. Winthrop

14

Filed

(Month) (Day) (Year)

11-13-29

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Official position

H. O.

Date of issue of permit

Nov 14/29

Permit No.

1649

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov. 3 1929.
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

19....., to 19.....,
that I last saw him alive on Nov 3, 1929.and that death occurred, on the date stated above, at 5:30 P. m.
The CAUSE OF DEATH was as follows: (State fully)

Natural Causes.

Probably Angina Pectoris.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis. Personal investigation

(Signed) Raymond B. Carver, M. D.

(Address) Winthrop Board of Health.

Date Nov. 5, 1929.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop (Cemetery) (City or town)

DATE OF BURIAL

11/8/29

19 UNDERTAKER

C. H. R. R. R.

ADDRESS

Winthrop

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *farmer, Agriculturist*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic scarlatina heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death) 29 da.; *Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Gallbladder," "Gonorrhea," "Dyspepsia," "Congestion," "Scalds," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter, furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**

No.

ST ELIZABETHS HOSPITAL St., **Ward****GEORGE J. ELDER**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

90 CHESTER AVE. St.

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**M.**

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE**LIZZIE B. M. McNamee**

6 AGE

Years

60

Months

1

Days

If LESS than
1 day, ... hrs.
or ... min.

If STILLBORN enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**AUTO SALESMAN**

(b) Name of employer

8 BIRTHPLACE (city or town)

GORHAM

(State or country)

MAINE9 NAME OF
FATHER**RANDALL JOHNSON**10 BIRTHPLACE OF
FATHER (city or town)**GORHAM**

(State or country)

MAINE11 MAIDEN NAME
OF MOTHER**FRANCES E. ROBERTS**12 BIRTHPLACE OF
MOTHER (city or town)**WESTBROOK**

(State or country)

MAINE

13 Informant

KATHERINE ELDER

(Address)

NAVAL HOSPITAL, CHELSEA

14 Filed

NOV 7, 1929

Registrar of city or town where death occurred

Filed

Nov. 8, 1929

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

NOV 4, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

NOV 4

, 19

29

to

NOV 4

, 19

29that I last saw him alive on **NOV 4**, 19**29**.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows: (State fully)

**BACTERIAL ENDOCARDITIS
ACUTE CARDIAC DILATATION**

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

T. J. QUIGLEY

, M. D.

(Address)

Date

NOV 4, 1929

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

GORHAM, MAINE

(Cemetery)

(City or town)

DATE OF BURIAL

11-8, 1929

19 UNDERTAKER

C. R. BENNISON

ADDRESS

Nov. 4. 1929.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk County Winthrop State Massachusetts Registered No. 162
(City or town)

City or Town Winthrop No. 24 Lincoln St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Edmund Clarke
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 24 Lincoln St., _____ Ward, _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of Elizabeth J. Munroe
(or) WIFE of _____

6 AGE Years 75 Months 11 Days - IF LESS than 1 day, _____ hrs. or _____ min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City) Newcastle
(State or country) Maine

9 NAME OF FATHER Charles Clarke

10 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

11 MAIDEN NAME OF MOTHER Sarah Jane Brown

12 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

13 Informant Mrs. Joseph Davison
(Address) 24 Lincoln St. (daughter)

14 Filed Nov 12 1929
(Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued W.D. Childers Official Health Officer Date of issue of permit 11/9/29 Permit No. 1620

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov. 6 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Sept. 1928, to Nov 6, 1929

that I last saw him alive on Nov 6, 1929

and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH was as follows: (State fully)

Myocarditis - chronic

(duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY chronic interstitial nephritis
(Secondary)

(duration) 5 yrs. _____ mos. _____ ds.

17 Where was disease contracted ✓
if not at place of death

Did an operation precede death No For what _____

Date of operation _____

Was there an autopsy No

What test confirmed diagnosis Clinical - Lab.

(Signed) T.P. Whayton M. D.

(Address) 186 Winthrop St. Winthrop, Mass.

Date Nov 8 - 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL Nov. 9, 1929

19 UNDERTAKER Charles R. Bennison ADDRESS Winthrop

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Turner* or *Planer*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Steelman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material turned out, more precise specification, "Never re-*Laborer*—*Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who work or *At home*. Care should be taken to report specifically wages, as *Sevent*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia", unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of.....; (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic tubercular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Anemia", "Anemia" (merely symptomatic), "Atrophy", "Collapse", "Coma", "Convulsions", "Debility" ("Congestive"), "Senile", etc.), "Dropsy", "Exhaustion", "Heart failure", "Hemorrhage", "Hantion", "Marasmus", "Old age", "Shock", "Uremia", "Weakness", etc. When a definite disease can be ascertained as or misarrange, as "Puerperal septicemia", "Puerperal peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, misarrange, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until the facts required by law to be returned and recorded, which shall be accompanied, in case of an original intent, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, and certificate, shall forthwith conveyance it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be within the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**No. **MASS. GEN HOSPITAL**St., **Ward**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **EDMUND F. CHRISTOPHER**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**City or Town **WINTHROP**No. **179 WINTHROP**

St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **M.**

5a If married, widowed, or divorced

Name of { HUSBAND (or) WIFE

EDITH M. Verde6 AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. **60**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

CUTTER

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

WALES

9 NAME OF FATHER

JOHN

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

IRELAND

11 MAIDEN NAME OF MOTHER

HELEN LANNIGAN

12 BIRTHPLACE OF MOTHER (city or town)

(State or country)

ENGLAND13 Informant **F. CHRISTOPHER**(Address) **WINTHROP, MASS.**14 Filed **NOV 14**, 19 **29** **E. W. M. Glenew**Filed **Nov. 17**, 19 **29** Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

NOV 12, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

OCT 14, 19 **29**

, to

NOV 12, 19 **29**that I last saw him alive on **NOV 12**, 19 **29**and that death occurred, on the date stated above, at **9 A** m.

The CAUSE OF DEATH was as follows: (State fully)

CARCINOMA OF RECTUM

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

POST OPERATIVE SHOCK

(duration) yrs. mos. da.

17 Where was disease contracted if not at place of death

Did an operation precede death **YES** For whatDate of operation **NOV 8, 1929**

Was there an autopsy

What test confirmed diagnosis

(Signed) **N. C. BAKER**, M. D.

(Address)

Date **NOV 12, 1929**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

ST JOSEPH, BOSTON

(Cemetery)

(City or town)

DATE OF BURIAL

11-15, 19 **29**

ADDRESS

19 UNDERTAKER

J. F. O'MALLEY

Edmund S. Mearns

Nov. 12. 1929

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

92-200923

Statement of occupation.—Precise statement of occupation is

very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *plumber*, *physician*, *compositor*, *architect*, *locomotive engineer*, *civil engineer*, *stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Cotton mill*; (a) *Salesman*, (b) *Crocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "laborer," "foreman," "manager," "dealer," etc., without more precise specification, as *Day laborer*, *farm laborer*, *laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*. Care should be taken to report service for wages, as *Servant*, *cook*, *housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of..... (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or interrupt) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as, "asthenia," "Anemia (merely symptomatic)" "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Pneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, erysipelas, meningitis, miscarriage, necrosis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

General

RETURN OF CERTIFICATES OF DEATH

10 weeks

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 45, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retrial, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retrial shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 48, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState Mass

(City or town)

Registered No. 168City or Town WinthropNo. 168 Bartlett Rd

St., _____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Eileen R. Lynch

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. 168 Bartlett Rd

St., _____ Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)FemaleWhiteSingle5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, _____ hrs.
or _____ min.38

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home

(b) Name of employer

8 BIRTHPLACE (City)

Boston

(State or country)

Mass9 NAME OF
FATHERJohn E.10 BIRTHPLACE OF
FATHER (City)Boston

(State or country)

Mass11 MAIDEN NAME
OF MOTHERMary A. Flynn12 BIRTHPLACE OF
MOTHER (City)Ireland

(State or country)

13

Informant

John Lynch

(Address)

168 Bartlett Rd

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
PositionHealth OfficerDate of
issue
of permit11/17/29Permit
No.162-2

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

5/201929

to

Nov 181929

that I last saw him alive on

Nov 181929and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)Mycocarditis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)Chronic Nephritis

(duration)

yrs.

mos.

ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

James A. Hall

M. D.

(Address)

Date

11-17-29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Holy Cross
(Cemetery)Walden
(City or town)11/21/29

19 UNDERTAKER

ADDRESS

John H. C. MalyWinthrop

Nov. 18 1929.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or the industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Shoemaker*, (b) *Cotton mill*, (c) *Solemaker*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deputy," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of _____ (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic acicular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 days. *Bronchopneumonia* (secondary), 10 ds. Never report "mere symptoms or terminal conditions, such as "Anthrax," "Anthrax," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," "Infantile," "Dropsy," "Exhaustion," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, conjunctivitis, hemorrhage, gangrene, rashes, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body, and remove it from a town, or from the cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration to the other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

1162

City or Town

Boston

No.

38 Revere

St.,

166 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Male Marciello

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

38 Revere St.

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs.

mos.

days. How long in U. S., if of foreign birth? yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

Male

White

Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

Stillborn

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Spartanburg, S.C.

9 NAME OF FATHER

Alessandro Marciello

10 BIRTHPLACE OF FATHER (City)

(State or country)

Italy

11 MAIDEN NAME OF MOTHER

Lambia Solari

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Italy

PARENTS

13

Informant

(Address)

Alessandro Marciello
38 Revere St., Boston

14

Filed

(Month) (Day) (Year)

Nov. 29 24

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

H. D. Childers, Health Officer

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov

18

1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Nov 18

1929

to Nov 18

1929

that I last saw him alive on 19

and that death occurred, on the date stated above, at 7.4. m.

The CAUSE OF DEATH was as follows: (State fully)

Collapse of Muscular Cord

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

if under one year, was infant Breast Fed?

What test confirmed diagnosis

(Signed) David H. Bloom, M. D.

(Address) 331 Princeton St. Boston

Date Nov 21, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Michael's Boston

(Cemetery) (City or town)

DATE OF BURIAL

Feb 19

19 UNDERTAKER

ADDRESS

H. D. Childers

Date of issue of permit 11/21/29 Permit No. 1653

Nov. 18. 1929.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*; *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc. *Carcinoma*, *Sarcoma*, etc. of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Malaria*, *Whooping cough*; *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* (Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Birthopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease was contracted, the duration as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the board of health, or application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a fetal, as required by section ten or chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such fetal shall appear upon the permit, and certificate, shall forthwith counter sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

The shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Boston

1 PLACE OF DEATH

 Registered No. 10325
 (City or town) (Place of death)
 Registered No. 11-7
 (Place of residence)
County Suffolk

State _____

City or town BostonNo. MASS. GEN HOSPITAL

St., _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME WILLIAM E. CLARKE

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS.City or Town WINTHROP No. 207 GROVER AVE St. _____

(Usual place of abode)

Length of residence in city or town where death occurred _____ years _____ months _____ days. How long in U. S., if of foreign birth? _____ years _____ months _____ days

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX M. 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

5a If married, widowed, or divorced

Name of { HUSBAND ESTELLA LANE
(or) WIFE
 6 AGE _____ Years _____ Months _____ Days _____
37 8 26
 If LESS than 1 day, ... hrs. or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

CHAUFFEUR

(b) Name of employer

8 BIRTHPLACE (city or town)

BOSTON

(State or country)

MASS.

9 NAME OF FATHER

JOHN CLARKE

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

IRELAND

11 MAIDEN NAME OF MOTHER

MARY MAC EAN

12 BIRTHPLACE OF MOTHER (city or town)

(State or country)

SCOTLAND13 Informant WIFE(Address) 207 GROVER AVE. WINTHROP
 14 Filed NOV 23 1929 E. W. M. Glenen
 Registrar of city or town where death occurred

 Filed NOV 27, 1929
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

 15 DATE OF DEATH NOV 20, 1929
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

NOV 13, 1929, to NOV 20, 1929.that I last saw him 11 AM alive on NOV 20, 1929.and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH was as follows: (State fully)

DUODENAL ULCER(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

INTESTINAL OBSTRUCTION(duration) _____ yrs. _____ mos. 4 ds.

17 Where was disease contracted if not at place of death

Did an operation precede death YES For what _____Date of operation NOV 13 AND 19, 1929Was there an autopsy YESWhat test confirmed diagnosis PHYSICAL FINDINGS(Signed) A. G. ENGELBACH, M. D.

(Address) _____

Date NOV 21, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

GLENWOOD EVERETT

(Cemetery)

(City or town)

DATE OF BURIAL

11-23, 19 29

ADDRESS

19 UNDERTAKER

J. E. HENDERSON

Nov. 20. 1929.

STANDARD CERTIFICATE OF DEATH

(City or town)

1 PLACE OF DEATH

Registered No. 10466

(Place of death)

County Suffolk

State

Registered No.

(Place of residence)

City or town Boston

No.

MASS. HOMEOPATHIC HOSPITAL

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME SAMUEL JUKES

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State MASS.

City or Town WINTHROP

No.

15 JEFFERSON

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

M.

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE

AGNES C. CHAPPELLE

6 AGE

Years

81

Months

4

Days

12

If LESS than
1 day, ... hrs.
or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

RETIRED

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

ENGLAND

9 NAME OF
FATHER

JAMES

10 BIRTHPLACE OF
FATHER (city or town)

(State or country)

ENGLAND

11 MAIDEN NAME
OF MOTHER

HANNAH BIGNALL

12 BIRTHPLACE OF
MOTHER (city or town)

(State or country)

ENGLAND

13

Informant C. H. YOUNG

(Address) 12 JEFFERSON ST. WINTHROP

14 Filed NOV 29, 1929 E. W. M. Glenew

Registrar of city or town where death occurred

Filed Dec 2, 1929 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

NOV 25, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

NOV 1

, 19 29, to

NOV 25

, 19 29

that I last saw h IM alive on NOV 25, 19 29

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH was as follows: (State fully)

HYPERTROPHY OF PROSTATE WITH
OPERATION THEREFORE.

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

ACUTE PULMONARY EDEMA

PULMONARY EMBOLISM

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death YES For what OBSTRUCTIVE

Date of operation 11-20-29 PROSTATE

Was there an autopsy

What test confirmed diagnosis CLINICAL

(Signed) C. A. POWELL, M. D.

(Address)

Date NOV 26, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

FOREST HILLS, BOSTON

(Cemetery)

(City or town)

DATE OF BURIAL

11-29, 19 29

19 UNDERTAKER

ADDRESS

C. R. BENNISON

PARENTS

Nov. 25, 1929.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState Mass(City or town) 160
Registered No.City or Town WinthropNo. 117 Bartlett RdSt., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Catherine F. Sullivan

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. 117 Bartlett Rd.St., Ward

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)FemaleWhiteWidowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn H.

6 AGE

Years

Months

Days

IF LESS than
1 day,hrs.
ormin.75

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workAt Home

(b) Name of employer

8 BIRTHPLACE (City)

Providence

(State or country)

R.I.9 NAME OF
FATHERPeter Sullivan10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland11 MAIDEN NAME
OF MOTHERCannot be learned12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant
(Address)John Sullivan117 Bartlett Rd

14

Filed
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me in 10 childrens
BEFORE the burial or transit permit was issuedOfficial
position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Nov 1 1929, to Nov 26 1929.that I last saw him alive on Nov 26 1929.and that death occurred, on the date stated above, at 11 m.
The CAUSE OF DEATH was as follows: (State fully)CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death. For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Holy Cross Malden11/29/29

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

John F. C. Moley Winthrop
agentDate of
issue
of permit 11/28/29 Permit
No. 1654

Nov. 26, 1929

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; "Cancer" is less definite; avoid use of "Tumor" (name origin; "Carcinoma, Sarcoma, etc., of"); *Measles*; *Whooping cough*; *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 28, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass.

Registered No.

(City or town)

1790

City or Town

Worcester

No.

117 Upper Rg.

St.,

Ward

(If death occurred in a hospital or institution, give the NAME instead of street and number)

2 FULL NAME

Rose Merella - Smith Booth

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

17 Upper Rg.

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

35 yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Thomas Booth

6 AGE

Years

Months

Days

IF LESS than 1 day, hrs. or min.

65

8

2

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Everett Mass

9 NAME OF FATHER

Benjamin Boone

10 BIRTHPLACE OF FATHER (City)

(State or country)

Yarmouth Nova Scotia

11 MAIDEN NAME OF MOTHER

Elizabeth J. Porter

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Yarmouth N. S.

PARENTS

13 Informant

(Address)

Benjamin Smith 434 - River St. with

14 Filed

(Month) (Day) (Year)

Dec. 3 '29

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

H. Childress

Official Position

Health Officer

Date of issue of permit

12/3/29

Permit No.

1655

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Nov.

30

1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Nov. 27

1929

to

Nov 30

1929

that I last saw him alive on

Nov 30

1929

and that death occurred, on the date stated above, at 6:30 P. m. The CAUSE OF DEATH was as follows: (State fully)

Angina pectoris.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

Diabetes mellitus

(duration) 2 yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death? no For what

Date of operation

Was there an autopsy? no

What test confirmed diagnosis? Purkinje's

(Signed) Raymond B. Parker, M. D.

(Address) Worcester Mass.

Date Dec 1 1929.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Worcester

Worcester

12/3/29

19 UNDERTAKER

Chas. B. Parker

ADDRESS

Worcester

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife*, *House-keeper*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Collapse," etc., "Coma," "Convulsions," "Debility" ("Congenital," "Senile," "Infantile," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, kangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where name was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, with the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Chelsea

(City or town)

687

1 PLACE OF DEATH

County Suffolk

State

Mass.

Registered No. (Place of death)

Registered No. (Place of residence)

City or town Chelsea

No. Soldiers' Home Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Patrick J. O'Connor

Indian War

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State Mass. City or Town Winthrop No. 463 Winthrop St.

(Usual place of abode)

Length of residence in city or town where death occurred years 7 months 24 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

Name of HUSBAND Louise E. Gallagher
(or) WIFE

6 AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.

70

2

2

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Gate Tender

(b) Name of employer Boston, Revere Beach & Lynn

R.R. Co. Galway

8 BIRTHPLACE (city or town) Ireland
(State or country)

9 NAME OF FATHER

Martin O'Connor

10 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

11 MAIDEN NAME OF MOTHER

Nathalie Perkins

12 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

13 Informant Hospital Records

(Address) Soldiers' Home Hosp. Chelsea

14 Filed Dec. 3, 1929 Registrar of city or town where death occurred

Filed Dec. 23, 1929 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH December 1, 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from April 7, 1929, to Dec. 1, 1929,

that I last saw him alive on Dec. 1, 1929,

and that death occurred, on the date stated above, at 5.30 A. m.
The CAUSE OF DEATH was as follows: (State fully)

Cardio-renal Disease

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what

Date of operation none

Was there an autopsy no

What test confirmed diagnosis

(Signed) M.G. Odian M. D.

(Address) Soldiers' Home Hosp.

Date Dec. 1, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Calvary Boston
(Cemetery) (City or town)

DATE OF BURIAL

Dec. 3, 1929

19 UNDERTAKER

John F. O'Maley

ADDRESS

Winthrop

PARENTS

Dec. 1. 1929.

Medical Examiner's Certificate of Death

Boston

(City or town)

1 PLACE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

County **Suffolk** State

City or Town **Boston**

Registered No. **10732** Registered No. **10732**

(Place of death)

(Place of residence)

No. **BOSTON OR WINTHROP** St., **Ward**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **RALPH E. EVANS**

(a) Residence. No. **43 LOCUST ST.**

(Usual place of abode)

(If in the Army or Navy of the United States, give rank, organization, etc.)

St., **Ward.** **WINTHROP, MASS.**

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred years months days How long in U.S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED **M.** (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

BEATRICE Grant

6 AGE Years Months Days If less than 1 day, hrs. or min. **31 1 5**

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

LAWYER

(b) Name of employer

8 BIRTHPLACE (city or town)

SWEDEN

(State or country)

MAINE

9 NAME OF FATHER

CHARLES M.

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

SWEDEN, MAINE

11 MAIDEN NAME OF MOTHER

NETTIE R. CROUSE

12 BIRTHPLACE OF MOTHER (city or town)

(State or country)

BRIDGEWATER, N. S.

PARENTS

13 Informant **BEATRICE EVANS**

(Address) **43 LOCUST ST. WINTHROP**

14 Filed **DEC. 7, 1929** **E. W. M. Glenew** Registrar of city or town where death occurred

Filed **DEC. 17, 1929** Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **DEC. 2, 1929** (Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

NATURAL CAUSES--RHEUMATIC FEVER (ACUTE) DIED IN AMBULANCE FROM HIS HOME TO MASS. GENERAL HOSPITAL

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) **GEORGE BURGESS MAGRATH** M.D.

(Address) **BOSTON**

Medical Examiner for **SUFFOLK**

Date **DEC. 3, 1929** (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WINTHROP, WINTHROP

DATE OF BURIAL

12-5-29 (Month) (Day) (Year)

19 UNDERTAKER

F. E. BROWN

ADDRESS

20 Burial permit issued by

Official position

21 Date of issue

560454

Dec. 2. 1929.

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town) - 3

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 173City or Town Boston No. 27 Tufts Ave St. Winthrop Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert E. Wilkins

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 27 Tufts Ave St. Winthrop Ward 1
(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Single5a If married, widowed, or divorced HUSBAND of (or) WIFE of None6 AGE Years 25 Months 11 Days 10 IF LESS than 1 day,hrs. ormin.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) Name of employer

8 BIRTHPLACE (City) Waltham (State or country) Mass.9 NAME OF FATHER Robert M. Wilkins10 BIRTHPLACE OF FATHER (City) Waltham (State or country) Mass.11 MAIDEN NAME OF MOTHER Julia T. Lusk12 BIRTHPLACE OF MOTHER (City) Brookline (State or country) Mass.13 Informant Robert M. Wilkins (Address) 27 Tufts Ave14 Filed Dec 17 29 (Month) (Day) (Year) REGISTRAR20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued. W. B. Childers Official position Agent

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH December 4 1929
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from January 5, 1928, to Dec. 4, 19 29,
that I last saw him alive on Dec. 4, 19 29,and that death occurred, on the date stated above, at 6:10 p m.
The CAUSE OF DEATH was as follows: (State fully)Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY Inanition
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For whatDate of operation noneWas there an autopsy noneIf under one year, was infant Breast Fed?
What test confirmed diagnosis? Copical & lab.(Signed) Jacob J. Abraham M.D. M. D.(Address) 362 Shirley Street, WinthropDate December 5/29 Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery) Boston (City or town)DATE OF BURIAL 12/5/2919 UNDERTAKER J. B. Gully & SonADDRESS 1656Date of issue 12/5/29 Permit No. 1656

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer*, or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Steamer*, (b) *Greasy*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never re- turn "Laborer", "Foreman", "Manager", "Dealer", etc., with- out more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*, *God mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *House- receive a definite salary*), may be entered as *Housewife*, *House- work*, or *At home*. Care should be taken to report specifically for the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write None.

Statement of cause of death.—Name, first, the Disease Caus- ing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis*; *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneu- monia," unqualified, is indefinite); *Tuberculosis of lungs, men-inges, peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of "....." (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The secondary (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphe- mia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Intoxication," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peri- tonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Associa- tion.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, mis- carriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forth- with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the de- ceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the dura- tion of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall ex- hume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement con- taining the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any person, by a satisfactory certificate as hereinafter ascertained, is provided. If there is no attending physician, or if, for suffi- cient reasons, his certificate cannot be obtained easily enough for the purpose, or is insufficient, a physician who is a mem- ber of the board of health, or employed by it or by the select- men for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by in- fence, the medical examiner shall make such certificate. If the death certificate contains a record, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health or its agent, upon receipt of such state- ment and certificate, shall forthwith countersign it and trans- mit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the common- wealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

(City or town)

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

St.

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND or
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant

(Address)

14

Filed

(Month)

(Day)

(Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
PositionDate of
issue
of permitPermit
No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

to

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows: (State fully)

CONTRIBUTORY
(Secondary)17 Where was disease contracted
if not at place of death

Did an operation precede death - For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

M. D.

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Teacher*. *Physician, Stationary fireman*, etc. But in many cases, as *Civil engineer, Composer, Architect, Locomotive engineer, Planter, Physician, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or the industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Steamer*, (b) *Mariner*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never re-work "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Lumber—Good mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife, House-keeper*, or *At home*. Care should be taken to report specifically *school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease CAUSING Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is Epidemic cerebrospinal meningitis); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc.; *Carcinoma, Sarcoma*, etc., of..... (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meningeal*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 days. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symptomatic), "Atrophy," "Senile," "Coma," "Convulsions," "Debility" ("Cancer," "Hemorrhage," etc.), "Prosy," "Exhaustion," "Heart failure," "Hemiplegia," "Paralysis," "Marasmus," "Old age," "Shock," "Dementia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall ex-hume a human body and remove it from a town, or from one town to another, until he has received a permit from the clerk of the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any way in which it has been engaged, such recital shall appear upon the permit and certificate, shall forthwith counterstain it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Winthrop
BOSTON

(City or town)

1 PLACE OF DEATH

County

Suffolk

State

Massachusetts

Registered No.

175

City or Town

Boston

No.

291 Winthrop

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jeremiah Canty

(If U. S. War Veteran, specify WAR)

(a) Residence

No.

291 Winthrop

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

15 yrs. x mos.

days. How long in U. S., if of foreign birth

6 yrs. mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Ellen Canty

6 AGE

Years

Months

Days

IF LIES; than

1 day, hrs.
or min.

80

x

x

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Ireland

9 NAME OF
FATHER

Patrick Canty

10 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

11 MAIDEN NAME
OF MOTHER

Catherine Sullivan

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

13

Informant
(Address)Mrs Ellen Canty
573 Pleasant St Winthrop

14

Filed
(Month) (Day) (Year)

Dec 17 21

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued

W. L. Childers

Official
Position

Health Officer

Date of
issue
of permit

12/6/29

Permit
No.

1658

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec

5

1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

19.....

to

19.....

that I last saw him alive on

19.....

and that death occurred, on the date stated above, at 7-730 4 m.
The CAUSE OF DEATH was as follows: (State fully)

Natural Causes

Probably Chronic myocarditis
Chronic Nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death? No For what

Date of operation

Was there an autopsy

If under one year, was infant breast fed?

What test confirmed diagnosis

(Signed) Raymond B. Putnam, M. D.

(Address)

Chairman Winthrop Board of Health

Date

Dec 5 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Holy Cross Walden

DATE OF BURIAL

Dec 5 1929

19 UNDERTAKER

ADDRESS

P. J. McCordle Chas

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Revised United States Standard Certificate of Death
(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term, such as the first line, will be sufficient, e. g., *Farmer* or *Teacher*, *Physician*, *Commodore*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or the industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may, for part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *House-keeper*, *Laundress*, etc.), may be entered as *Housewife*. Those who receive a definite salary, may be entered as *At home*, *At work*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically for the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *metastases*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of "tumor" (name origin; "Cancer" is less definite; avoid use of "tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contradictory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 days. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy" ("Exhaustion," "Heart failure," "Hemorrhage," "Fracture," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Pneumopneumonia; If primary cause, write the word "Primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, kangriene, gastritis, erysipels, meningitis, mis- marriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall ex- hume a human body and remove it from a town, or from one town to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement con- taining the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate hereinafter provided. If there is no attending physician, or if, for suffi- cient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a mem- ber of the board of health, or employed by it or by the select- men for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by vi- olence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit- ment and certificate, shall forthwith countersign it and trans- mit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the common- wealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Winthrop

1 PLACE OF DEATH

County SuffolkState Mass.

(City or town)

City or Town WinthropNo. 45 Cross St.

St., _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Eliza Floyd

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 45 Cross St.,

St., _____ Ward, _____

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred 74 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of Ephraim B. Floyd
(or) WIFE of6 AGE Years 81 Months 3 Days 11 IF LESS than 1 day, _____ hrs. or _____ min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) Name of employer

8 BIRTHPLACE (City) East Boston
(State or country) Mass.9 NAME OF FATHER George W. Wyman10 BIRTHPLACE OF FATHER (City) Newburyport
(State or country) Mass.11 MAIDEN NAME OF MOTHER Mary Noyes Marsh12 BIRTHPLACE OF MOTHER (City) Newburyport
(State or country) Mass.13 Informant Mr. George Floyd
(Address) 45 Cross St., Winthrop14 Filed Dec. 17, 29
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Wm. B. Childers Official position

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 5 1929
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1929, to Dec 5, 1929.that I last saw her alive on Dec 5, 1929.and that death occurred, on the date stated above, at 10:05 P. m.
The CAUSE OF DEATH was as follows: (State fully)Chronic MyocarditisChronic Parenchymatous Nephritis(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. mos. ds.

17 Where was disease contracted if not at place of death _____

Did an operation precede death? no For what _____

Date of operation _____

Was there an autopsy? noWhat test confirmed diagnosis Personal Observation(Signed) Raymond B. Parker, M. D.(Address) Winthrop MassDate Dec 7 192918 PLACE OF BURIAL, CREMATION, OR REMOVAL Winthrop
(Cemetery) (City or town)DATE OF BURIAL 12/8/29

19 UNDERTAKER

A. E. Long & Son Inc ADDRESS CambridgeDate of issue 12/7/29 Permit No. 1607

(Approved by U. S. Census and American Public Health Ass'n.)

persons of the known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Leaborer*, *Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired)*, *8* (years). For persons who have no occupation whatever, write

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

FROM THE LAWS OF THE

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until these shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or in marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held; or from a person appointed by the town or city to receive the body, and to deposit it in a place in which the interments made.—*Chap. 114, Sec. 46*

STANDARD CERTIFICATE OF DEATH *Winthrop*

1 PLACE OF DEATH *Suffolk* County *Mass* State *Winthrop* Registered No. *Winthrop Hospital* City or Town *Winthrop* No. *Winthrop* St., *Revere* Ward *Revere*

2 FULL NAME *Baby Moretti* (If U. S. War Veteran, specify WAR)

(a) Residence. No. *34 Daves* St., *Revere* Ward, *Revere* (Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) <i>Single</i>			15 DATE OF DEATH <i>Dec 7 1929</i>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of				16 I HEREBY CERTIFY, That I attended deceased from <i>Dec 7</i> , 1929, to <i>Dec 7</i> , 1929, to		
6 AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.	that I last saw h. alive on <i>Dec 7</i> , 1929, to <i>Dec 7</i> , 1929, to	
IF STILLBORN, enter that fact here <i>Stillborn</i>					and that death occurred, on the date stated above, at <i>stillborn</i>	
7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) Name of employer					CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.	
8 BIRTHPLACE (City) <i>Winthrop</i> (State or country) <i>Mass.</i>					17 Where was disease contracted if not at place of death (duration) yrs. mos. ds.	
PARENTS	9 NAME OF FATHER <i>John Moretti</i>				Did an operation precede death For what	
	10 BIRTHPLACE OF FATHER (City) <i>Italy</i> (State or country)				Date of operation	
	11 MAIDEN NAME OF MOTHER <i>Ida Rossi</i>				Was there an autopsy	
	12 BIRTHPLACE OF MOTHER (City) <i>Italy</i> (State or country)				What test confirmed diagnosis (Signed) <i>Frank J. Sandler</i> , M. D. (Address) <i>56 Shub. St.</i> Date <i>Dec 7, 1929</i>	
13 Informant (Address) <i>John Moretti 34 Daves Revere</i>					18 PLACE OF BURIAL, CREMATION OR REMOVAL <i>Woodlawn Everett</i> (Cemetery) (City or town) DATE OF BURIAL <i>Dec 10, 1929</i>	
14 Filed <i>Dec 17, 29</i> (Month) (Day) (Year) REGISTRAR					19 UNDERTAKER <i>L. Brunfiglio</i> ADDRESS <i>Revere</i>	
20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued <i>W.D. Childers</i> Official position <i>Health Officer</i> Date of issue <i>12/1/29</i> Permit No. <i>1663</i>						

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be insufficient, e. g., *Farmer* or *Planter*, *Physician*, *Stationary fireman*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (c) the kind of work and also (b) the nature of the business or the industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Cotton mill*, (c) *Sawmill*, (d) *Grainery*; (a) *Fireman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deputy," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness. If the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of "....." (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic interstitial heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report "Anemia" merely symptomatic; "Atrophy," "Collapse," "Goma," "Conjunctivitis," "Idiocy," "Congenital," "Senile," etc.; "Dropsy," "Marasmus," "Heart failure," "Hemorrhage," "Mania," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth complications, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer of his last illness.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body, and no remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
200,000, 9-26, NO. 6373

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Boston
(City or town)
Registered No. 173

1 PLACE OF DEATH

County Suffolk State Massachusetts
City or Town Fort Warren Boston No. Fort Warren St. Fort Warren Ward Fort Warren
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

James A. Ward. Sergeant, Headquarters, Battery, 9th C.A.,
(If U. S. War Veteran, specify WAR)

(a) Residence. No. Fort Warren, Mass., St. Fort Warren Ward, Fort Warren
(Usual place of abode)
Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male. 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

5a If married, widowed or divorced HUSBAND of (or) WIFE of Single.

6 AGE Years 50 Months 4 Days 19 IF LESS than 1 day,.....hrs. or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Soldier.
(b) Name of employer U. S. Army.

8 BIRTHPLACE (City) New York City,
(State or country) New York.

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (City) Albany
(State or country) New York.

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (City) Albany
(State or country) New York.

13 Informant Resident at Fort Warren
(Address) Quartermaster's Office

14 Filed Dec 17, 29
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. D. Childress
9-8

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. 7 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____

and that death occurred, on the date stated above, at 11.41 P.m.

The CAUSE OF DEATH was as follows: (State fully)
fell over star railing, landed on head, in hall
1. Fracture, simple, comminuted, anterior
fossa, involving orbital plate, frontal
bone and lesser wing of sphenoid, skull,
right.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Hemorrhage, subdural, traumatic,
severe, following rupture of middle
cerebral artery, right, due to above injury.

17 Where was disease contracted if not at place of death

Did an operation precede death No. For what

Date of operation

Was there an autopsy Yes.

What test confirmed diagnosis

(Signed) W. H. G. M. C. Capt. M. C., M. D.

(Address) Fort Banks, Mass.,

Date December 9, 1929.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
Fort Adams R. I.
(Cemetery) (City or town)

DATE OF BURIAL

12/14/29

19 UNDERTAKER

C. R. Desmar

ADDRESS

W. H. G. M. C.

Official position Health Officer Date of issue 12/11/29 Permit No. 1664

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Woman at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Dysphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., etc.; (name origin, "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic calcular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or incurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 19 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestional," "Sedile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Insanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

(City or town)

179

City or Town

Worcester

No.

164 River Rd

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Henry Burgess Roberts

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

164 River Rd

St.

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

14 yrs.

mos.

How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Eileen (McCarthy) Roberts

6 AGE

Years

56

Months

2

Days

24

IF LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Attorney

(b) Name of employer

at Law. Self

8 BIRTHPLACE (City)

Parsboro

(State or country)

NOVA SCOTIA

9 NAME OF
FATHER

Hillary W. Roberts

10 BIRTHPLACE OF
FATHER (City)

Somerset

(State or country)

P. E. Island

11 MAIDEN NAME
OF MOTHER

Elizabeth Elliott Roberts

12 BIRTHPLACE OF
MOTHER (City)

St. John's N. B.

(State or country)

13

Informant
(Address)(Wife) Eileen M. Roberts
164 River Road Winstock

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedH. B. Childers
4.3Official
position

Health Officer

Date of
issue

2/7/29

Permit
No.

1660

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

December 8 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

May 18

1929, to

December 8, 1929.

that I last saw him alive on

December 7, 1929.

and that death occurred, on the date stated above, at

2:15 A.M.

The CAUSE OF DEATH was as follows: (State fully)

Cerebral Hemorrhage
(Apoplexy)

CONTRIBUTORY

(Secondary)

first hour
1 High Blood Pressure

(duration) yrs. mo. ds.

17 Where was disease contracted

if not at place of death

Did an operation precede death

no For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) D. J. C. Brown, M.D.

(Address) 178 Westinghouse Ave

Date Winstock Mass

December 8, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Mount Auburn Cambridge

(Cemetery)

(City or town)

DATE OF BURIAL

12/10/29

19 UNDERTAKER

Chas R. Bennett

ADDRESS

Winstock

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinster*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym); *Epidemic cerebrospinal meningitis* (1); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Ictantion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make out the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

(City or town)

Registered No.

City or Town

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

St.,

Ward,

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

9 NAME OF
FATHER10 BIRTHPLACE OF
FATHER (City)

(State or country)

11 MAIDEN NAME
OF MOTHER12 BIRTHPLACE OF
MOTHER (City)

(State or country)

13

Informant
(Address)

14

Filed
(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued.Official
positionDate of
issue
of permitPermit
No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Dec 3, 1929, to Dec 8, 1929.

that I last saw him alive on Dec 8, 1929.

and that death occurred, on the date stated above, at 2:50 P. M.
The CAUSE OF DEATH was as follows: (State fully)CONTRIBUTORY
(Secondary)

(duration) — yrs. — mos. — ds.

17 Where was disease contracted
if not at place of death

(duration) — yrs. — mos. — ds.

Did an operation precede death no For what.

Date of operation

Was there an autopsy.

What test confirmed diagnosis.

(Signed) Dr. C. E. Johnson, M. D.

(Address) 128 West St.

Date Dec 5, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

(Cemetery) Cambridge City or town)

19 UNDERTAKER

ADDRESS

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Crozier*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer", "Foreman", "Manager", "Dealer", etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-keeper* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is Epidemic cerebrospinal meningitis); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia", "unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Anæmia", "Anæmia" (merely symptomatic), "Atrophy", "Collapse", etc., "Coma", "Convulsions", "Debility" ("Concussion", "Sonic", "Mania", "Marasmus", "Old age", "Shock", "Uremia", "Weakness", etc., when a definite disease can be ascribed to the cause. Always qualify all diseases resulting from childhood or miscarriage, as "PUERPERAL septicæmia", "PUERPERAL peritonitis", etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

"Bronchopneumonia: If primary cause, write the word 'Primary'; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chills, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 3.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town, where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until the facts have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

Ward

(If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. 31 Prospect Ave.

St.

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. 3 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)

Male

White

Married.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Susan Ball

6 AGE

Years

Months

Days

IF LESS than
1 day, hrs.
or min.

69

X

X

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Retired.

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Boston
Massachusetts.9 NAME OF
FATHER

Unable to obtain.

10 BIRTHPLACE OF
FATHER (City)

(State or country)

" " "

11 MAIDEN NAME
OF MOTHER

" " "

12 BIRTHPLACE OF
MOTHER (City)

(State or country)

" " "

13

Informant

(Address)

Sarah L. Ball.

31 Prospect Ave.

14

Filed

(Month) (Day) (Year)

Dec. 17, 29

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

W. D. Cullen

Official
position

Health Officer

Date of
issue
of permit

12/14/29

Permit
No.

1662

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

December 9, 1929

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

December 4, 1929, to December 9, 1929.

that I last saw him alive on December 9, 1929.

and that death occurred, on the date stated above, at 9:05 a.m.
The CAUSE OF DEATH was as follows: (State fully)

Cerebral hemorrhage

CONTRIBUTORY
(Secondary)Chronic Interstitial
Nephritis17 Where was disease contracted
if not at place of death

Did an operation precede death. no For what.

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) Jacob J. Lebrun, M.D.

(Address) 562 Stanley St., Winthrop

Date Dec. 9/29. Mass

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

Winthrop Winthrop

DATE OF BURIAL

Dec. 12, 1929

19 UNDERTAKER

Charles R. Benson

ADDRESS

Winthrop

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term in the first line will be sufficient, e. g., *Farmer* or *Plasterer*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeeper* who receive a definite salary), may be entered as *Housewife*, *Housewife*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same diagnosis. Examples: *Cerebrospinal fever*, (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria pneumonia*; ("Grou"); *Typhoid fever* (never report "Typhoid monia," unqualified, is indefinite); *Pneumocephalus* ("Pneumonia", *peritoneum*, etc., *Carotid*, *Serena*, etc., of..... for malignant neoplasms); *Malaria*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death) 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never mix "Anemia" (nervous, symptomatic), "Atrophy," "Collapsus," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemiplegia," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicaemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief, the name of the deceased, his supposed age, the disease of which he died, the section as required by section one, where same was contracted, the date of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a perital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such perital shall appear upon the permit, ment and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration the other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Registered No. 10931
(City or town) (Place of death)County **Suffolk**

State

Registered No. 182
(Place of residence)City or town **Boston**No. **N. E. BAPTIST HOSPITAL**St., **Ward**

2 FULL NAME

BENJAMIN S. CANNER

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence. State **MASS.** City or Town **WINTHROP** No. **169 RIVER RD** St. **Ward**
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **M.**

5a If married, widowed, or divorced

Name of { HUSBAND (or) WIFE

MARY- Landy6 AGE Years Months Days If LESS than 1 day, hrs. or min.
47

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

FURNITURE DEALER

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

RUSSIA

9 NAME OF FATHER

SOLOMON CANNER

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

RUSSIA

11 MAIDEN NAME OF MOTHER

MARY FINE

12 BIRTHPLACE OF MOTHER (city or town)

(State or country)

RUSSIA

13 Informant

(Address)

CARL CANNER**210 BABCOCK ST. BROOKLINE**14 Filed **DEC 14, 1929** **E. W. M. Glenew**Filed **Dec. 17, 1929** Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **DEC 11, 1929**
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from **NOV 30**, 19**29**, to **DEC 11**, 19**29**.that I last saw him **IM** alive on **DEC 11**, 19**29**.and that death occurred, on the date stated above, at **6 P** m.
The CAUSE OF DEATH was as follows: (State fully)**BRONCHO PNEUMONIA**(duration) yrs. mos. **12** ds.

CONTRIBUTORY (SECONDARY)

PULMONARY EDEMA

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis **PHYSICAL EXAMINATION**(Signed) **G. MENARD**, M. D.

(Address)

Date **DEC 11, 1929**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

OHIEL JACOB. WOBURN
(Cemetery) (City or town)

DATE OF BURIAL

12-12, 1929

19 UNDERTAKER

J. H. LEVINE

ADDRESS

22.11.1929,

STANDARD CERTIFICATE OF DEATH

Foxboro
(City or town)

1 PLACE OF DEATH

County Norfolk State Mass.
 City or town Foxboro No. State Hospital St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 106
 (Place of death)
 Registered No. 189
 (Place of residence)

2 FULL NAME

Elmer R Lawson
 (If in the Army or Navy of the United States, give rank, organization, etc.)
 (a) Residence. State Mass. City or Town Wentworth No. Holt Banker St.

Length of residence in city or town where death occurred years 11 months 0 days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a If married, widowed, or divorced
 Name of { HUSBAND
 (or) WIFE

6 AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
25 0 8

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER (city or town)

(State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER (city or town)

(State or country)

13

Informant Records Foxboro State
 (Address) Hospital Man.

14

Filed 12-15, 19 29 J. H. Richardson
 Registrar of city or town where death occurred

Filed 12-17, 19 29
 Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 14 1929
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1929, to Dec 14, 1929.

that I last saw him alive on Dec 14, 1929.

and that death occurred, on the date stated above, at 7.30 P. M.
 THE CAUSE OF DEATH was as follows: (State fully)

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death No For what

Date of operation

Was there an autopsy No

What test confirmed diagnosis

(Signed) William C. Gaebler, M. D.

(Address) Foxboro State Hospital

Date Dec 14 - 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Melrose Brookston
 (Cemetery) (City or town)

DATE OF BURIAL

12-17-1929

19 UNDERTAKER

C. H. Dahlborg
 Address Brookston Man.

Dec. 14. 1929.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Registered No. 11062
(City or town) (Place of death)Registered No. 184
(Place of residence)

County Suffolk

State

City or town Boston

No. BETH ISRAEL HOSPITAL St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ANNA SOLOMON

(If in the Army or Navy of the United States, give organization, etc.)

(a) Residence. State MASS. City or Town WINTHROP No. 17 Forrest St.
(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W.

5a If married, widowed, or divorced

Name of HUSBAND SIGMOND
(or) WIFE6 AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
60

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work AT HOME

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country) ROUMANIA

9 NAME OF FATHER WILLIAM
(Unknown)10 BIRTHPLACE OF FATHER (city or town)
(State or country) ROUMANIA11 MAIDEN NAME OF MOTHER MOLLIE
(Unknown)12 BIRTHPLACE OF MOTHER (city or town)
(State or country) ROUMANIA

13 Informant WILLIAM B. SOLOMON

(Address) 10 SHAILEY ST. BROOKLINE

14 Filed DEC 18, 1929 E. W. M. Glenew
Filed JAN - 2 1930 Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH DEC 15, 1929
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from
DEC 15, 1929, to DEC 15, 1929

that I last saw him ER alive on DEC 15, 1929

and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH was as follows: (State fully)

CHOLELITHIASIS

PERFORATED EMPYEMA

(duration) yrs. mos. 3 ds.

CONTRIBUTORY PERITONITIS
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy YES

What test confirmed diagnosis

(Signed) J. B. SEARS, M. D.

(Address)

Date DEC 16, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL
WINTHROP, EVERETT (Montvale Cem.)
(Cemetery) Montvale (City or town)DATE OF BURIAL
12-16-28, 19

ADDRESS

19 UNDERTAKER
I. EINHSTEIN

Dec. 15. 1929

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Registered No.

(City or town)

(Place of death)

County **Suffolk**

State

Registered No.

(Place of residence)

City or town **Boston**No. **ST MARGARETS HOSPITAL**St., **Ward**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **(FEMALE) EVANS**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**City or Town **WINTHROP** No. **111 GROVER AVE** St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)5a If married, widowed, or divorced
Name of { HUSBAND
(or) WIFE6 AGE Years Months **XXXX** Days **2 HRS** If LESS than 1 day, ... hrs. or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town) **BOSTON**
(State or country) **MASS.**9 NAME OF FATHER **HAROLD EVANS**10 BIRTHPLACE OF FATHER (city or town) **WINTHROP**
(State or country) **MASS.**11 MAIDEN NAME OF MOTHER **ALICE WALDRON**12 BIRTHPLACE OF MOTHER (city or town) **WINTHROP**
(State or country) **MASS.**13 Informant **HAROLD EVANS**
(Address) **111 GROVER AVE WINTHROP**14 Filed **DEC 20 1929** **E. W. M. Glenen**
Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **DEC 17, 1929**
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

DEC 17, 19 **29** to **DEC 17**, 19 **29**that I last saw h **ER** alive on **DEC 17**, 19 **29**and that death occurred, on the date stated above, at **1 P** m.

The CAUSE OF DEATH was as follows: (State fully)

HYDROCEPHALUS**SPINA BIFIDA**(duration) yrs. mos. **1** ds.CONTRIBUTORY
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis **CLINICAL SIGNS**(Signed) **R. J. HEFFERNAN**, M. D.

(Address)

Date **DEC 17, 1929**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

POLYHOOD BROOKLINE
(Cemetery) (City or town)

DATE OF BURIAL

12-18 1929

19 UNDERTAKER

A. R. BENNISON

ADDRESS

Dec. 17. 1929

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState Mass(City or town) 186
Registered No.City or Town WinthropNo. WinthropSt. 1

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elly Wiedeman

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 44 Webster StSt. RevereWard, Revere

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)Single

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 AGE

Years

Months

Days

IF LESS than
1 day, _____ hrs.
or _____ min.3

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

WinthropMass9 NAME OF
FATHERClara C.10 BIRTHPLACE OF
FATHER (City)

(State or country)

Winthrop11 MAIDEN NAME
OF MOTHERHulda Andersen12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Winthrop

13

Informant

(Address)

Webster StRevere

14

Filed

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issuedOfficial
PositionJohn F. O'MalleyDate of
issue
of permit12/19/22Permit
No.1465

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 18 1922

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Dec 1519 22to Dec 1819 2219 22that I last saw him alive on Dec 1819 2219 22and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH was as follows: (State fully)

meningitis haemorrhagica(duration) yrs. mos. 3 ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

(Address)

Date

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

12/19/22

19 UNDERTAKER

ADDRESS

John F. O'MalleyWinthrop

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer*, or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, or *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material turned on may form part of the second statement. Never re- turn "Laborer," "Foreman," "Manager," "Dealer," etc., with- out more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House- work*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Cause- ing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is Epidemic cerebrospinal meningitis); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneu- monia, unqualified, is indefinite); *Tuberculosis of lungs*, men- tions, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Less definite*; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Athet- osis," "Anemia" (merely symptomatic), "Atrophy," "Gonorrhea," "Coma," "Convulsions," "Debility" ("Congestive"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal septicemia," "puerperal peri- tonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Associa- tion.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colic, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, mis- carriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forth- with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the de- ceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same has contracted, the dura- tion of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall ex- hume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement con- taining the facts required by law to be returned and recorded, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for suffi- cient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a mem- ber of the board of health, or employed by it or by the select- men for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by vio- lence, the medical examiner shall make such certificate. If the medical examiner contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any way in which it has been engaged, such record shall appear upon the permit- ment and certificate, shall forthwith countersign it and trans- mit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the common- wealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Registered No. 7043

(City or town)

(Place of death)

Registered No.

(Place of residence)

County **Suffolk**

State

City or town **Boston**No. **N. E. HOSPITAL FOR WOMEN** St. **Ward**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

FRANCES HAINES

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**City or Town **WINTHROP** No. **19 BELLEVUE AVE** St.

(Usual place of abode)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.	4 COLOR OR RACE W.	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.
--------------------	------------------------------	---

5a If married, widowed, or divorced
Name of { **HUSBAND**
(or) WIFE

6 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			4	

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (city or town)

BOSTON

(State or country)

MASS.

9 NAME OF FATHER

FRANCIS

10 BIRTHPLACE OF FATHER (city or town)

SALEM

(State or country)

MASS.

11 MAIDEN NAME OF MOTHER

CECELIA MC GARRY

12 BIRTHPLACE OF MOTHER (city or town)

BOSTON

(State or country)

MASS.13 Informant **FATHER**
(Address) **435 WINTHROP ST. WINTHROP**14 Filed **DEC 24**, 19 **20** **E. W. M. Glenew**
Filed **JAN - 2 1930** Registrar of city or town where death occurred

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **DEC 20, 1929**
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

DEC 16, 19 **29**, to **DEC 20**, 19 **29**,that I last saw him **ER** alive on **DEC 20**, 19 **29**and that death occurred, on the date stated above, at **8 P** m.

The CAUSE OF DEATH was as follows: (State fully)

BRONCHO PNEUMONIA(duration) yrs. mos. **3** ds.

CONTRIBUTORY (SECONDARY)

PERITONITIS

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed) **MARJORIE WOODMAN**, M. D.

(Address)

Date **DEC 20, 1929**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

WOODLAWN EVERETT
(Cemetery) (City or town)

DATE OF BURIAL

12-21, 19 **29**

19 UNDERTAKER

ADDRESS

T. F. BRADY

Dec, 20: 1929.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Suffolk**

State

City or town **Boston**No. **N. E. DEACONESS HOSPITAL**

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **TERESA AMERENA**

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State **MASS.**City or Town **WINTHROP**No. **71 PAINE**

St.

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F.** 4 COLOR OR RACE **W.** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **M.**

6a If married, widowed, or divorced

Name of { HUSBAND **VINCENT**
(or) WIFE6 AGE Years **58** Months Days If LESS than 1 day, ... hrs. or ... min.

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **AT HOME**

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country) **ITALY**9 NAME OF FATHER **DOMENICO CANZONIER**10 BIRTHPLACE OF FATHER (city or town)
(State or country) **ITALY**11 MAIDEN NAME OF MOTHER **TERESA MIRAGLIA**12 BIRTHPLACE OF MOTHER (city or town)
(State or country) **ITALY**13 Informant **HUSBAND**(Address) **71 PAINE ST. WINTHROP**14 Filed **DEC 26**, 19**29**, **SWM Glenew**Filed **1930** Registrar of city or town where death occurred
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **DEC 21, 1929**
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

DEC 20, 19**29** to **DEC 21**, 19**29**,that I last saw him **ER** alive on **DEC 21**, 19**29**,and that death occurred, on the date stated above, at **8 P** m.

The CAUSE OF DEATH was as follows: (State fully)

UREMIA(duration) yrs. mos. **X** ds.CONTRIBUTORY **PYONEPHROSIS**
(SECONDARY)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death.Did an operation precede death **YES** For what **DRAINAGE**Date of operation **12-21-29** OF RT. KIDNEY

Was there an autopsy

What test confirmed diagnosis **BLOOD CULTURE**(Signed) **HOWARD M. CLUTE**, M. D.(Address) **605 COMMONWEALTH AVE.**Date **DEC. 22, 1929**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

HOLY CROSS, MALDEN
(Cemetery) (City or town)

DATE OF BURIAL

12-24, 19**29**

19 UNDERTAKER

F. A. MAGRATH

ADDRESS

Dec. 21. 1929.

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Suffolk State Mass Registered No. Three
 City or Town Winthrop No. 63 Prospect Ave St. 189 Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Elizabeth Ann Downes
 (If U. S. War Veteran, specify WAR)
 (a) Residence. No. 63 Prospect Ave St. 3 Ward,
 (Usual place of abode)
 Length of residence in city or town where death occurred 29 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widowed
 5a If married, widowed, or divorced
 HUSBAND of C. Daniel Downes
 (or) WIFE of
 6 AGE Years 92 Months 7 Days 27 IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City) Roxbury - Boston
 (State or country) Mass

9 NAME OF FATHER Wm P. Sargent

10 BIRTHPLACE OF FATHER (City) Newburyport
 (State or country) Mass

11 MAIDEN NAME OF MOTHER Sophia Sweet

12 BIRTHPLACE OF MOTHER (City) Boston
 (State or country)

13 Informant Wm C. Dawson
 (Address) 63 Prospect Ave - Winthrop Mass

14 Filed Dec 25 1929
 (Month) (Day) (Year) REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me W. L. Childers
 BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 21 1929
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Dec 5 1929, to Dec 21 1929

that I last saw him alive on Dec 21 1929

and that death occurred, on the date stated above, at 11:25 P. M.
 The CAUSE OF DEATH was as follows: (State fully)

Broncho-pneumonia
[Following Bronchitis 2 wks duration]

(duration) yrs. mos. ds.

CONTRIBUTORY Senility & General Arterio
 (Secondary) sclerosis

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death no For what

Date of operation

Was there an autopsy no

What test confirmed diagnosis Clinical

(Signed) Orville E. Johnson M. D.

(Address) 123 Winthrop St Winthrop

Date Dec 23 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Josephs Dec 24/29
 (Cemetery) (City or town)

DATE OF BURIAL

Dec 24 1929

19 UNDERTAKER Walter J. White ADDRESS Winthrop

Date of issue of permit 12/24/29 Permit No. 1666

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never re- turn "Laborer," "Foreman," "Manager," "Dealer," etc., with- out more precise specification, as *Day laborer*, *Form laborer*, *Laborer—Coal mine*, etc. Women at home who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House- work*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write None.

Statement of cause of death.—Name, first, the Disease Caus- ing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia," unqualified, is indefinite); *Pneumonia* ("Typhoid pneumonia," etc., is less definite; avoid use of "Typhoid" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing report mere symptoms or terminal conditions, such as "Asthe- mia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," etc.), "Convulsions," "Debility," ("Congenital," "Senile," "Goma," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "puerperal *septicemia*," "puerperal peri- tonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Associa- tion.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, kangriana, kashitis, erysipelas, meningitis, mis- carriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forth- with, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the de- ceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the dura- tion of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall ex- hume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement con- taining the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for suffi- cient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a mem- ber of the board of health, or employed by it or by the select- men for the purpose of health, or employed by it or by the select- men for the purpose of health, shall upon application make the certificate required of the attending physician. If death is caused by vi- olence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit- ment and certificate, shall forthwith countersign it and trans- mit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the common- wealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD CERTIFICATE OF DEATH

Boston

(City or town)

1 PLACE OF DEATH

Registered No. 11386

(Place of death)

County **Suffolk**

State

Registered No. 190

(Place of residence)

City or town **Boston**

No.

ST ELIZABETHS HOSPITAL

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

JOHN DENTREMONT

(If in the Army or Navy of the United States, give rank, organization, etc.)

(a) Residence. State

MASS.

City or Town

WINTHROP

No.

90 WOODSIDE AVE

St.

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W.5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**M.**

5a If married, widowed, or divorced

Name of { HUSBAND
(or) WIFE**ESTHER S. NICKERSON**

6 AGE

Years

Months

Days

If LESS than
1 day, . . . hrs.
or . . . min.**46****6**

If STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work**COMMISSION MERCHANT**

(b) Name of employer

8 BIRTHPLACE (city or town)

(State or country)

N. S.9 NAME OF
FATHER**EVE D'ENTREMONT**10 BIRTHPLACE OF
FATHER (city or town)**PUBNICO**

(State or country)

N. S.11 MAIDEN NAME
OF MOTHER**SUSAN SAULNIER**12 BIRTHPLACE OF
MOTHER (city or town)**SAULNIERVILLE**

(State or country)

N. S.

13 Informant

WIFE

(Address)

WINTHROP, MASS.

14 Filed

DEC 28, 1929

Registrar of city or town where death occurred

Filed **JAN - 2 1930**

Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

DEC 24, 1929

(Month)

(Day)

(Year)

16

I HEREBY CERTIFY,

That I attended deceased from

DEC 17

, 19

29

to

DEC 24

, 19

29

that I last saw him alive on

DEC 24

, 19

29

and that death occurred, on the date stated above, at

1-30 A

m.

The CAUSE OF DEATH was as follows: (State fully)

HYPERNEPHROMA OF RIGHT KIDNEY

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(SECONDARY)**BRONCHO PNEUMONIA**

(duration)

yrs.

mos.

2

ds.

17 Where was disease contracted
if not at place of deathDid an operation precede death **YES**

For what

Date of operation

DEC 20, 1929

Was there an autopsy

What test confirmed diagnosis

PHYSICAL EXAMINATION

(Signed)

J. G. ARENT

, M. D.

(Address)

Date

DEC 24, 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

HOLY CROSS, MALDEN

(Cemetery)

(City or town)

DATE OF BURIAL

12-27 29

, 19

19 UNDERTAKER

ADDRESS

C. A. ROLLINS

PARENTS

Dec. 24. 1929

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See reverse side for extracts from the laws of the Commonwealth and instructions.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

Danvers

(City or town)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 97B)

1 PLACE OF DEATH

County Essex State Mass. Registered No. 438 Registered No. 191
(Place of death) (Place of residence)
City or Town Danvers No. Danvers State Hospital St. St. Ward Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dorothy Viglas
(If in the Army or Navy of the United States, give rank, organization, etc.)
(a) Residence. No. 18 Wave Way Ave. St. St. Ward Winthrop
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred years months 20 days
How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5a If married, widowed, or divorced HUSBAND of James Viglas
(or) WIFE of

6 AGE Years Months Days If LESS than 1 day, hrs. or min.
36

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) Name of employer

8 BIRTHPLACE (city or town) Greece
(State or country)

9 NAME OF FATHER James Plakas

10 BIRTHPLACE OF FATHER (city or town) Greece
(State or country)

11 MAIDEN NAME OF MOTHER Catherine Plakas

12 BIRTHPLACE OF MOTHER (city or town) Greece
(State or country)

13 Informant Gertrude F. Smith,
(Address) Hathorne

14 Filed 12/28/29 AP Chan
Registrar of city or town where death occurred
Filed Jan 10, 1930
Registrar of city or town where deceased resided

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec. 26, 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows:

myocarditis

(See reverse side for additional space)

17 Where was injury sustained if not at place of death?

(Signed) S. Chase Tucker, M.D.

(Address) 95 Main St., Peabody

Medical Examiner for 8th
Date Dec. 26, 1929
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Hope Boston DATE OF BURIAL 12/28/29
(Month) (Day) (Year)

19 UNDERTAKER M. J. Cassidy ADDRESS Boston

20 Burial permit issued by Hugo Nappe
Official position Agt B f H.

21 Date of issue 12/26/29.

Dec. 26. 1929.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

(City or town)

192

City or Town

Waltham

No.

168 Main St

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Roger Eugene Hatley
168 Main

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

(Usual place of abode)

St.

Ward,

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

years *17* months

days

How long in U. S., if of foreign birth?

years

months

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE

Years

23

Months

11

Days

21

IF LESS than 1 day.....hrs. or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Chauffeur

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Waltham
Massachusetts

9 NAME OF FATHER

Eugene Hatley

10 BIRTHPLACE OF FATHER (City)

(State or country)

Concord
North Carolina

11 MAIDEN NAME OF MOTHER

Euphemia Hodgson

12 BIRTHPLACE OF MOTHER (City)

(State or country)

Shelburne
Nova Scotia

13 Informant

(Address)

Eugene Hatley
168 Main St Waltham

14

Filed

JAN - 3 1930

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. D. Childress

Official position

Waltham Office

Date of issue of permit

12/28/29

Permit No.

1668

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec. 26, 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Dec. 21, 1929 to Dec. 26, 1929

that I last saw him alive on *Dec. 26, 1929*

and that death occurred, on the date stated above, at *7-40 P. M.*
The CAUSE OF DEATH was as follows: (State fully)

Chronic tubercles.

(duration) yrs. *6* mos. ds.

CONTRIBUTORY (Secondary)

Pneumonia

(duration) *1* yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death *No.* For what

Date of operation

Was there an autopsy *No.*

What test confirmed diagnosis *Autopsy*

(Signed) *Dr. Charles B. ...* M. D.

(Address) *34 Princeton St. Boston*

Date *Dec. 27, 1929*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Waltham - Waltham
(Cemetery) (City or town)

DATE OF BURIAL

12/29/29

19 UNDERTAKER

C. R. Benson

ADDRESS

Waltham

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Soldierman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease **CARRYING DEATH**, state occupation at beginning of illness. If retired from business, that fact may be indicated thus, *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meninge*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 days. Never report more symptoms or terminal conditions, such as "Asphyxia," "Anemia," (morely symptometic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Hemiplegia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "periparturient septicaemia," "periparturient peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

1 PLACE OF DEATH

County

Suffolk

State

Mass

Registered No.

(City or town)

City or Town

Winthrop

No.

Win Corn Hos

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Lilla L Lance

(If U. S. War Veteran, specify WAR)

(a) Residence.

No.

45 Circuit Road

St.,

Ward,

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

17 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Charles L Lance

6 AGE

Years

Months

Days

IF LESS than

1 day, hrs. or min.

69

0

24

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Charlestown

(State or country)

Mass

9 NAME OF FATHER

Washington Dill

10 BIRTHPLACE OF FATHER (City)

Wellesley

(State or country)

Mass

11 MAIDEN NAME OF MOTHER

Lavinia J. Clay

12 BIRTHPLACE OF MOTHER (City)

Charlestown

(State or country)

13

Informant

(Address)

*Mrs. John W. Ripley
137 Court Street
Winthrop*

14

Filed

(Month) (Day) (Year)

JAN - 3 1930

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. D. Child

Official Health Officer

Date of issue

of permit

12/26/29

Permit No.

1667

STANDARD CERTIFICATE OF DEATH

Winthrop
(City or town)

1929

Win Corn Hos

St.

Ward

Lilla L Lance

(If U. S. War Veteran, specify WAR)

45 Circuit Road

St.

Ward

17 yrs.

0 mos.

24 days.

How long in U. S., if of foreign birth?

yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Charles L Lance

6 AGE

Years

Months

Days

IF LESS than

1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) Name of employer

8 BIRTHPLACE (City)

Charlestown

(State or country)

Mass

9 NAME OF FATHER

Washington Dill

10 BIRTHPLACE OF FATHER (City)

Wellesley

(State or country)

Mass

11 MAIDEN NAME OF MOTHER

Lavinia J. Clay

12 BIRTHPLACE OF MOTHER (City)

Charlestown

(State or country)

13

Informant

(Address)

Mrs. John W. Ripley

137 Court Street

Winthrop

14

Filed

(Month) (Day) (Year)

JAN - 3 1930

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

W. D. Child

Official Health Officer

Date of issue

of permit

12/26/29

Permit No.

1667

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

Dec 26 1929

(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from

Nov. 11, 1929, to Dec 26, 1929,

that I last saw her alive on Dec 26, 1929,

and that death occurred, on the date stated above, at 11 A. M.

The CAUSE OF DEATH was as follows: (State fully)

Angina Pectoris.

(duration) yrs. 2 mos. + ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted

if not at place of death

Did an operation precede death. No For what.

Date of operation

Was there an autopsy. No

What test confirmed diagnosis. Personal Observation.

(Signed) Raymond B. Parker, M. D.

(Address) Winthrop Mass.

Date Dec 26 1929

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Modaun Grove

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 29 1929

19 UNDERTAKER

C. H. Lawrence

ADDRESS

12/26/29

Permit No. 1667

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person. Irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *physician*, *compositor*, *architect*, *locomotive engineer*, *civil engineer*, *stationary steam*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same condition. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *Pneumoniae*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contradictory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death) 29 *days*; *Bronchopneumonia* (secondary), 10 *days*. "Never" report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (nervous, symptomatic), "Atrophy," "Colic," etc., "Coma," "Convulsions," "Delirium," "Congestant," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness." Always qualify a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one town to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in any war in which he has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be exactly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH		Suffolk (County)		Winthrop (City or Town)		No. Winthrop Community Hospital		Ward		Registered No. 1724	
1 FULL NAME		James Darrell Foster									
		(If deceased is a married, widowed or divorced woman, give also maiden name.)									
(a) Residence. No.		100 Tremont		St.,		Ward,		(If U. S. War Veteran, specify WAR)			
		(Usual place of abode)						(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred		6 yrs.		mos.		days.		How long in U. S., if of foreign birth?		yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS											
3 SEX		4 COLOR OR RACE		5 SINGLE MARRIED WIDOWED or DIVORCED		(write the word)					
Male		White		Married							
5a If married, widowed, or divorced		HUSBAND of Lola Forbes Gardner									
		(Give maiden name of wife in full)									
(or) WIFE of		(Husband's name in full)									
6 IF STILLBORN, enter that fact here.											
7 AGE		56		Years 8		Months 15		Days		If less than 1 day	
										Hours Minutes	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Owner of									
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Winthrop Garage.									
10 Date deceased last worked at this occupation (month and year)		November, 1929		11 Total time (years) spent in this occupation							
12 BIRTHPLACE (City)		Halifax		(State or country)		Nova Scotia.					
13 NAME OF FATHER		Unable to obtain.									
14 BIRTHPLACE OF FATHER (City)											
(State or country)											
15 MAIDEN NAME OF MOTHER											
16 BIRTHPLACE OF MOTHER (City)											
(State or country)											
17 Informant (Address)		Lola F. G. Foster 100 Tremont St.									
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.											
(Signature of Agent of Board of Health or other)											
Health Officer											
(Date of Issue of Permit)											
12/31/29											
MEDICAL CERTIFICATE OF DEATH											
18 DATE OF DEATH		Dec		25		1929		(Month) (Day) (Year)			
19 I HEREBY CERTIFY, That I attended deceased from		Dec 21, 1929, to Dec 25, 1929									
I last saw him alive on		Dec 25, 1929, death is said to have occurred on the date stated above, at 11 P. m.									
The principal cause of death and related causes of importance in order of onset were as follows:		Date of onset									
		Pneumonia -									
		Cerebral hemorrhage									
Contributory causes of importance not related to principal cause:											
Name of operation		Date of									
What test confirmed diagnosis?		Was there an autopsy?									
20 Was disease or injury in any way related to occupation of deceased?											
If so, specify											
(Signed)		M. D.									
(Address)		Date 1/20 1929									
21 PLACE OF BURIAL, CREMATION OR REMOVAL		Winthrop Winthrop									
		(Cemetery) (City or town)									
DATE OF BURIAL		December 31, 1929									
22 NAME OF UNDERTAKER		Charles R. Bennison									
ADDRESS		Winthrop, Mass.									
Received and filed		JAN - 3 1930									
		19									
A TRUE COPY, ATTEST:		(Registrar)									

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same is contradicted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9.

No unburied or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, unless he has received a permit from the board of health or its agent appointed or from the clerk of the town where it is

is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of a

original intent, by a satisfactory certificate of the attending physician, if any as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, upon application make the certificate required for the purpose, and such certificate, if obtained by violence, the medical examiner shall

[illegible]

Date of onset

FOUR

1027

.....
 July 5 1937

.....
 May 2 1934

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, otyspelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until the person or persons to whom the body or the ashes have been appointed to issue such permits, or if there is no such person or persons, the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 40, G. L. as amended.*

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, and otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence...*Gen. Laws, Chap. 38, Sec. 6.*

which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

physician, in death is caused by violence. The medical examiner shall issue a death certificate. If the death certificate contains a retinal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retinal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom such permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, appointed to issue such permits, and the body is buried. No such permit shall be given unless there shall have been delivered to such board, agent or clerk, a certificate, which shall have been factory written statement containing the facts and the cause shall have been returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certifying agent, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

M R-301

DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Suffolk State Mass (City or town)
City or Town Winthrop No. 9 Lincoln St Registered No. 195
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elias A. Malone

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 9 Lincoln St St., Ward,
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days. (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helena M. Peers

6 AGE Years 68 Months Days IF LESS than 1 day, hrs. or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Commission Merchant
(b) Name of employer

8 BIRTHPLACE (City) Nova Scotia
(State or country)

9 NAME OF FATHER Henry

10 BIRTHPLACE OF FATHER (City) Nova Scotia
(State or country)

11 MAIDEN NAME OF MOTHER Deborah Chetwynd

12 BIRTHPLACE OF MOTHER (City) Nova Scotia
(State or country)

13 Informant Mrs. H.M. Malone
(Address) 9 Lincoln St.

14 Filed JAN 3 1930 REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 12/28 1929
(Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from July 1, 1926, to Dec 28, 1929,
that I last saw him alive on Dec 28, 1929,

and that death occurred, on the date stated above, at 1.30 PM m.
The CAUSE OF DEATH was as follows: (State fully)

Cerebral Hemorrhage

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death yes For what hypertension

Date of operation 1927

Was there an autopsy no

What test confirmed diagnosis

(Signed) J. M. M. D.

(Address) 4 W. 1st St.

Date 12/28/29

18 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Everett
(Cemetery) (City or town) DATE OF BURIAL 12/30/29

19 UNDERTAKER John F. O'Malley ADDRESS Winthrop

Official position Health Officer Date of issue 12/30/29 Permit No. 1669

Dec. 28. 1929

(As covered by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Farmer*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Foreman*, (b) *Splinner*, (a) *Salesman*, (b) *Cotton mill*, (a) *Automobile factory*. The material worked on may form part of the second statement. Never return *Labourer*, "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day labourer*, *Farm labourer*, *Labourer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife*, *Housewife*, or *At home*, and children, not partially employed, as *At work*, or *At home*, and children, not partially employed, as *At school*, or *At home*. Care should be taken to specify specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "*Epidemic cerebrospinal meningitis*"; "*Diphtheria synovium*" is "*Epidemic cerebrospinal meningitis*"; "*Typhoid pneumonia*" is "*Epidemic cerebrospinal meningitis*"; "*Typhoid pneumonia*" is "*Croup*"; "*Typhoid fever*" never report "*Typhoid pneumonia*"; "*Lobar pneumonia*"; "*Bronchopneumonia*" ("*Pneumonia*"), unqualified, is indefinite; "*Tuberclculosis of lungs, meninges, peritoneum, etc.*", "*Carcinoma, Sarcoma, etc.*, of _____" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); "*Mæsles, Whooping cough*"; "*Chronic valvular heart disease*"; "*Chronic interstitial nephritis, etc.*" The contributory (secondary or intercurrent) affection need not be stated unless important. Example: "*Mæsles* (disease causing death), 29 da.; "*Bronchopneumonia* (secondary), 10 da. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia (merely) symptomatic," "Atrophy," "Colicæpse," "Coma," "Convulsions," "Delirium," "Heart failure," "Hemorrhage," "Hæmaturia," "Nausea," "Old age," "Shock," "Uremia," "Want of food," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, meningitis, erysipelas, enteritis, erythema, measles, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus, typhoid.

FROM THE LAWS OF THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit, and certificate, shall forthwith connote it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held; or from a person appointed to have the care of the cemetery or burial place in which the interment is made.—*Chap. 114, Sec. 46 G. L., as amended.*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Wentworth
(City or town making return)
Registered No. 196

PLACE OF DEATH

Suffolk
(County)

(City or Town)

No. 40 Cross St.,

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Thorburn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR) X

(a) Residence. No. 40 Cross St.,

Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 9 yrs. X mos. X days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Annie (Thorburn) Thorburn (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mat. Cutter 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Groceries & Russell 10 Date deceased last worked at this occupation (month and year) 3 11 Total time (years) spent in this occupation. 50

12 BIRTHPLACE (City) (State or country) Scotland

13 NAME OF FATHER Thomas Thorburn

14 BIRTHPLACE OF FATHER (City) (State or country) Scotland

15 MAIDEN NAME OF MOTHER Annie Rankin

16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

17 Informant wife Annie M. Thorburn (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/31/29 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 29 1929 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 7, 1929, to December 29, 1929.

I last saw him alive on Dec. 29, 1929, death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Pericarditis Myocarditis Date of onset 12.26

Contributory causes of importance not related to principal cause:

Hypertrophied Prostate with retention; Old P.B.C. process; Terminal pneumonia Name of operation none Date of What test confirmed diagnosis? Clinically Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify M. J. O'Brien M.D. (Signed) 700 Wash. Ave. W. Date 1929 (Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Wintthrop Wintthrop (Cemetery) (City or town)

DATE OF BURIAL 1/2/1930 19

22 NAME OF UNDERTAKER C. R. Bennett

ADDRESS 147 W. Wintthrop St. Wintthrop

Received and filed JAN - 3 1930 19

A TRUE COPY, ATTEST: (Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at *school* or at *home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause may in the above example happen to be the second cause given.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
1930 STANDARD
CERTIFICATE OF DEATH



(City or town making return)

Registered No. 1

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or town)

No. 97 Birch Road St. 2 Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Herbert Edward Magee

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 148 Barlett Rd Winthrop St., 2 Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. days. How long in U. S., if of foreign birth? 48 yrs. - mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word)
Widowed or DIVORCED Married

5a If married, widowed, or divorced HUSBAND of Rosella L. Magee
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 59 Years 9 Months 19 Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stereographer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston, Globe
10 Date deceased last worked at this occupation (month and year) Nov 1929 11 Total time (years) spent in this occupation 20 years

12 BIRTHPLACE (City) Liverpool Eng
(State or country) Eng

13 NAME OF FATHER Alexander Magee

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Not Known

16 BIRTHPLACE OF MOTHER
(State or country)

17 Informant Son Albert E. Magee
(Address) 19 Williams St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William W. Children, Agt.
(Signature of Agent of Board of Health or other)

(Official Designation)

Jan. 5th 1930
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 3 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 28, 1929, to Jan 3, 1930.

I last saw him alive on Jan 2, 1930, death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Angina Pectoris

Date of onset

12-28-29

Contributory causes of importance not related to principal cause:

Broncho-Pneumonia

1-1-30

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? NO

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Strain from lifting?

(Signed) Edward J. Franzen, M. D.
(Address) 476 Shirley St. Winthrop Date Jan 4 1930.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem
(Cemetery) (City or town)

DATE OF BURIAL Jan 5 1930 19

22 NAME OF UNDERTAKER Walter S.

ADDRESS 151 Pleasant St Winthrop

Received and filed Jan 5 1930 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car builder*, *boiler*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease injury or complication which causes death, *not* the mode of dying e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance, not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Atherosclerosis.....	1915
Chronic interstitial nephritis.....	1921
Cerebral hemorrhage.....	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm.....	
Automobile accident.....	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an official internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, rickets, tetanus, necrosis, peritonitis, phlebitis, pyemia, septicemia.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Winthrop
(City or town making return)

Registered No. 2

1 PLACE OF DEATH *Suffolk* (County) *Winthrop* (City or town)
No. *Winthrop Community Hosp* St. *Clinton* Ward *Chelsea* (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Baby Arno* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *1 Clinton* St., *Chelsea* Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Single*
MARRIED
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months *1* Days If less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) *Winthrop*
(State or country) *Mass*

13 NAME OF FATHER *Peter Arno*

14 BIRTHPLACE OF FATHER (City) *Naples*
(State or country) *Italy*

15 MAIDEN NAME OF MOTHER *Margaret Thompson*

16 BIRTHPLACE OF MOTHER (City) *Naples*
(State or country) *Italy*

17 Informant *Peter Arno*
(Address) *Clinton St.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)
Agent & Health Officer (Official Designation) *1/6/30* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Jan 5 1930*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Jan 7*, 1930, to *Jan 5*, 1930
last saw her alive on *Jan 5*, 1930, death is said to have occurred on the date stated above, at *1 A* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Premature Birth
(6 mo)

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify *Frank Sandler*, M. D.
(Signed) *Dr. Sandler* (Address) *36 Lafayette Ave* Date *Jan 6 1930*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Garden* *Chelsea*
(Cemetery) (City or town)
DATE OF BURIAL *Jan 7* 1930

22 NAME OF UNDERTAKER *Dr. Wm. L. Childress*
ADDRESS *503 Broadway* *Chelsea*

Received and filed *Jan 8 1930* 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from the occupation prior to occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *Housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soup factory*, *color mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of death, e. g., heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, name any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or from one cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied by law to original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate, required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith condescend it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death. — *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made. . . . *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. — *Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.*

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Suffolk



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

(City or town making return)

Registered No. 3

1 PLACE OF DEATH

(County)

Boston

(City or Town)

No. STRONG HOSPITAL

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(MALE) PORTER

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 265 SHIRLEY

(Usual place of abode)

St.,

Ward,

WINTHROP, MASS.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

SINGLE

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE Years Months 3 Days

If less than 1 day

..... Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

BOSTON

(State or country)

MASS.

13 NAME OF FATHER

DANIEL Porter

14 BIRTHPLACE OF FATHER (City)

(State or country)

RUSSIA

15 MAIDEN NAME OF MOTHER

EVA COHEN

16 BIRTHPLACE OF MOTHER (City)

(State or country)

RUSSIA

17

Informant (Address)

F. A. MAGRATH64 MERIDIAN ST E. BOSTON

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

JAN 5, 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

JAN 2, 1930 to JAN 5, 1930I last saw h. TM alive on JAN 5, 1930, death is saidto have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

HEMORRHAGIC DISEASE OF NEW BORN.

Contributory causes of importance not related to principal cause:

CONVULSIONS

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. N. BLOOM

(Address)

Date 1-8 193021 PLACE OF BURIAL, CREMATION OR REMOVAL SHARO TEFILO, W. ROX

(Cemetery)

(City or town)

DATE OF BURIAL SHARO TEFILO, W. ROX 19

22 NAME OF UNDERTAKER

B. SCHLOSSBERG

ADDRESS


Received and filed JAN 10, 1930

19

A TRUE COPY, ATTEST:

(Registrar)

Jan. 5. 1930.

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		Registered No. 41	
Suffolk (County) Winthrop (City or Town)				No. 46 Loring Road St.,		Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME Rosalie Agnes Donovan (If deceased is a married, widowed or divorced woman, give also maiden name.)				(If U. S. War Veteran, specify WAR)			
(a) Residence. No. 46 Loring Road St.,		Ward,		(If nonresident, give city or town and state)			
Length of residence in city or town where death occurred 29 yrs.		mos.		days.		How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED or DIVORCED Single	(Write the word)				
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)							
(or) WIFE of (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 AGE 31 Years 1 Months - Days		If less than 1 day Hours Minutes					
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home						
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.						
	10 Date deceased last worked at this occupation (month and year)						
11 Total time (years) spent in this occupation							
12 BIRTHPLACE (City) Charlestown (State or country) Mass.							
PARENTS	13 NAME OF FATHER John F. Donovan						
	14 BIRTHPLACE OF FATHER (City) Weymouth (State or country) Mass.						
	15 MAIDEN NAME OF MOTHER Catherine A. Cronin						
	16 BIRTHPLACE OF MOTHER (City) Charlestown (State or country) Mass.						
17 Informant Mrs. Agnes M. O'Riordan (Address) 46 Loring Road, Weymouth, Mass.							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childrey (Signature of Agent of Board of Health or other) Health Officer (Date of Issue of Permit) 1/4/30							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH Jan 5 1930 (Month) (Day) (Year)							
19 I HEREBY CERTIFY, That I attended deceased from May 22 1929, to Jan 5 1930 I last saw her alive on Jan 5 1930, death is said to have occurred on the date stated above, at 1 P. m. The principal cause of death and related causes of importance in order of onset were as follows: Chronic interstitial nephritis Contributory causes of importance not related to principal cause: Name of operation What test confirmed diagnosis? Clinical lab. Was there an autopsy? No 20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) T. W. Hayton, M. D. (Address) Winthrop Date 1/10 1930 21 PLACE OF BURIAL, Holy Cross, Malden CREMATION OR REMOVAL (Cemetery) (City or town) DATE OF BURIAL Jan 1930 22 NAME OF UNDERTAKER ADDRESS Received and filed Jan 24 1930 A TRUE COPY, ATTEST: (Registrar)							

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith certify the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, and furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when he was taken ill, the name of the physician or officer and the date of his death... *Idem, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body

which has not been buried, until he has received a permit from

the board of health of its agent appointed to issue such permits.

or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town from one cemetery to another, or

body and remains of a deceased person shall be removed from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is located, and until the removal has been approved in writing by the board of health or its agent aforesaid or the clerk of the town where the body is located.

is buried. No such permit shall be issued until the statement is delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending

physician or any, as required by law, or in lieu thereof a certified pharmacist or nurse, as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained, or, in the case of the nurse, if she is not a member of the board for the purpose, or is employed by the board for the purpose, or, in the case of the pharmacist, if he is not a member of the board, upon application to the board, the certificate required of the attending physician or any, as required by law, shall upon approval of the board be issued to the physician or pharmacist, as the case may be, who is caused by violence, the medical examiner shall issue a death certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased

served in a army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith convene it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the confirmation shall thereafter furnish for registration any other information which can be obtained as to the decedent's any venereal disease, to the manner or cause of death, and any other facts which may be of value. *—Chapter 114,*

Medical examiners shall make examination upon the view of

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Corn. Laws, Chap. 38, Sec. 6.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth, until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, permit the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. (*Chap. 114, Sec. 46, G. L., as amended.*)

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary," if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Bent

(City or town making return)

Registered No. 512

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PLACE OF DEATH

Boston (County)

(City or Town)

No. St., Ward

2 FULL NAME SIMON COHEN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

WINTHROP, MASS.

(If nonresident, give city or town and state)

(a) Residence. No. 88 CUTTER

(Usual place of abode)

St., Ward,

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.	4 COLOR OR RACE W.	5 SINGLE MARRIED WIDOWED or DIVORCED MARRIED	(write the word)
-------------	-----------------------	--	------------------

5a If married, widowed, or divorced
HUSBAND of SARAH GOLDMAN

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 71 Years Months Days If less than 1 day
Hours Minutes

OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	RETIREED WOOL MERCHANT
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10 Date deceased last worked at this occupation (month and year)	11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)
(State or country) RUSSIA

13 NAME OF FATHER SAMUEL I. Cohen

14 BIRTHPLACE OF FATHER (City)
(State or country) RUSSIA

15 MAIDEN NAME OF MOTHER UNKNOWN

16 BIRTHPLACE OF MOTHER (City)
(State or country) RUSSIA17 Informant MORRIS ROSENBERG
(Address) 96 LAWTON ST. BROOKLINEI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH JAN 10, 1930
(Month) (Day) (Year)19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof are
as follows: (If an injury was involved, state fully)FRACTURE OF THE FEMUR WITH
BRONCHO PNEUMONIA CAUSED BY AN
ACCIDENTAL FALL.

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident, Suicide or Homicide?	Date of injury	19
--------------------------------------	----------------	----

Where did injury occur? WINTHROP, MASS.
(City or town and State)Manner of
Injury
Nature of
Injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify GEORGE BURGESS MAGRATH M. D.
(Signed) Date 1-10-1930
(Address)22 PLACE OF BURIAL, CREMATION OR REMOVAL BETH JOSEPH, WOBURN
(Cemetery) (City or town)

DATE OF BURIAL JAN 12, 1930 19

23 NAME OF UNDERTAKER M. STANETSKY

ADDRESS

Received and filed JAN 14, 1930 19

A TRUE COPY, ATTEST:

(Registrar)

Jan. 10. 1930

Exact statement of OCCUPATION is very important, so that it may be properly classified.

Suffolk



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

1 PLACE OF DEATH

(County)
Boston
(City or Town)

**STANDARD
CERTIFICATE OF DEATH**

(City or town making return)

Registered No. **16**

No. **EVANGELINE BOOTH HOSPITAL** Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **(FEMALE) FARRELL**
(If U. S. War Veteran, specify WAR)
deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **44 DOLPHIN AVE.** St. Ward, **WINTHROP, MASS.**
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F.** 4 COLOR OR RACE **W.** 5 SINGLE **MARRIED** (write the word)
WIDOWED **SINGLE**
or **DIVORCED**

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months **9** Days Hours Minutes
If less than 1 day

OCCUPATION! 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) **BOSTON**
(State or country) **MASS.**

13 NAME OF FATHER **THOMAS Farrell**

14 BIRTHPLACE OF FATHER (City)
(State or country) **N. H.**

15 MAIDEN NAME OF MOTHER **HELENE O'BRIEN**

16 BIRTHPLACE OF MOTHER (City)
(State or country) **CANADA**

17 Informant **FATHER**
(Address) **44 DOLPHIN AVE WINTHROP**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **JAN 11, 1930**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **JAN 3** to **JAN 11**, 19 **30**
I last saw h. **ER** alive on **JAN 11**, 19 **30** death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

**INTRACRANIAL HEMORRHAGE
HEMORRHAGIC DISEASE OF NEW
BORN**

Contributory causes of importance not related to principal cause:
BRONCHO PNEUMONIA

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify **S. E. STERNBERG**
(Signed) (Address) Date **1-11-1930**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **MT. HOPE, BOSTON**
(Cemetery) (City or town)
DATE OF BURIAL **JAN 16, 1930** 19

22 NAME OF UNDERTAKER **W. H. GRAHAM**
ADDRESS

Received and filed **JAN 16, 1930** 19
W. M. Glenen
A TRUE COPY, ATTEST: (Registrar)

Essex

(County)

Danvers

(City or Town)

Danvers State Hospital

No.

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Anna L. Crowe

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

24 Maple Road

Winthrop

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No.

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs. 4

mos. 7

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

single

(write the word)

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

60

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

At home

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation.

12 BIRTHPLACE (City)

(State or country)

Chelsea, Mass.

13 NAME OF
FATHER

Dennis Crowe

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Elizabeth M. Ryan

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17

Informant
(Address)

Gertrude F. Smith,

Hathorne

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Hugo Nappe

(Signature of Agent of Board of Health)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Danvers

(City or town making return)

STANDARD

CERTIFICATE OF DEATH

Registered No. 74

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Ward,

18 DATE OF

DEATH

Jan. 12, 1930.

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Sep. 5, 1929

to

Jan. 12, 1930

I last saw him alive on

Jan. 12, 1930

death is said

to have occurred on the date stated above, at

6.15 P.M.

The principal cause of death and related causes of importance in order of
onset were as follows:

Arteriosclerosis

Date of onset

Contributory causes of importance not related to principal cause:

Mitral regurgitation

Name of operation

clinical

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Edgar C. Yerbury

M. D.

(Address)

Hathorne

Date 1/16/30

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Holy Cross Malden

Cemetery Jan. 15, 1930. (City or town)

DATE OF BURIAL

19

22 NAME OF
UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop

Jan. 18, 1930.

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

Jan. 12, 1930.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

Winthrop
(City or town making return)

Registered No. *8*

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. *410 Shirley St*

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Katherine E. Haley Wells*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *410 Shirley St*

(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED *Widowed* (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

George E. Wells

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *65* Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own Home*

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) *Boston* (State or country) *Mass*

13 NAME OF FATHER *Andrew Haley*

14 BIRTHPLACE OF FATHER (City) *Ireland* (State or country)

15 MAIDEN NAME OF MOTHER *Cannot be learned*

16 BIRTHPLACE OF MOTHER (City) *Ireland* (State or country)

17 Informant *William Wells* (Address) *178 Bedford St*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm W. Childress

(Signature of Agent of Board of Health or other)

Health Officer *Jan. 13 / 30* (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *January 12 1930* (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan. 26 9, 1930, to Jan. 12, 1930

Last saw her alive on *Jan. 11, 1930*, death is said to have occurred on the date stated above, at *8 A.M.*

The principal cause of death and related causes of importance in order of onset were as follows:

myocarditis

Date of onset *7*

Contributory causes of importance not related to principal cause:

none

Name of operation *none* Date of

What test confirmed diagnosis? *Clinical signs* Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *A. J. O'Brien*, M. D.

(Address) *28 Washington Ave Winthrop* Date *Jan 12 1930*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Calvary Boston* (Cemetery) (City or town)

DATE OF BURIAL *Jan. 12 1930* 1930

22 NAME OF UNDERTAKER *James C. Haley*

ADDRESS *47 Atlantic St*

Received and filed *Jan 24* 1930

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and history causes of complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1911
<i>Cerebral hemorrhage</i>	July 5, 1917
.....	
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1917

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent addressed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. 9

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 180 Somerset Ave. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Angie Maria (Bennett) Pierce

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 180 Somerset Ave. St. Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

* Length of residence in city or town where death occurred yrs. 6 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed.

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of David H. Pierce
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years 9 Months 28 Days If less than 1 day Hours Minutes

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) Chesterfield.
(State or country) New Hampshire.

13 NAME OF FATHER William Bennett.
14 BIRTHPLACE OF FATHER (City) Unable to obtain.
(State or country)

15 MAIDEN NAME OF MOTHER Caroline W. Fisk.

16 BIRTHPLACE OF MOTHER (City) Chesterfield.
(State or country) New Hampshire.

17 Informant (Address) Carrie E. Carpenter -
180 Somerset Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Hedges
(Signature of Agent or Board of Health or other)

Health Officer (Official Designation) 1/15/30
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 12 1930.
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 6, 1929, to January 12, 1930.
last saw him alive on January 12, 1930, death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Interstitial Nephritis 1928

Contributory causes of importance not related to principal cause:

Senility.

Name of operation none Date of ...
What test confirmed diagnosis? Clinical ... Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Jacob Abrayes Jr. to M. D.
(Signed) 850 S. Hurley St. Date Jan. 13 1930.
(Address) Winthrop

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill Fitchburg, Mass.
(Cemetery) (City or town)

DATE OF BURIAL January 15 1930

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass.

Received and filed Jan. 24 1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, assthenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis.....	1915.....
Chronic interstitial nephritis.....	1921.....
Cerebral hemorrhage.....	July 5, 1927.....
.....
Contributory causes of importance not related to principal cause:	
Fracture of arm.....	.....
Automobile accident.....	May 3, 1927.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the date of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, assthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>.....	.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permit, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, enteritis, enterocolitis, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHWinthrop
(City or town making return)

Registered No. 11

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 91 Herman St.

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Ellen (Stewart) Mac Kenzie

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

91 Herman

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 80 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Widow.

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

John Mac Kenzie
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 78

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

St. Peters.

(State or country)

Cape Breton, Nova Scotia.

13 NAME OF

FATHER

Archibald Stewart.

14 BIRTHPLACE OF

FATHER (City)

Edinburgh.

(State or country)

Scotland.

15 MAIDEN NAME

OF MOTHER

Annie Nicholson.

16 BIRTHPLACE OF

MOTHER (City)

Glasgow

(State or country)

Scotland.

17

Informant

(Address)

MRS. ANNIE CAMPBELL

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. S. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Jan

(Month)

15

(Day)

1929

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 3

1930, to

Jan 15

1930

I last saw her alive on Jan 14, 1930, death is said

to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Acute myocarditis

Date of onset

1/12/30

Contributory causes of importance not related to principal cause:

Lung infection - Bronchitis acute

1/3/30

Name of operation

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

T. W. Layton

(Address)

Winthrop

Date 1/16 1930

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop, Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

January 18

1930

22 NAME OF
UNDERTAKER

Charles R. Bennison

ADDRESS

Winthrop Mass.

Received and filed

1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *chief engineer, mechanic, engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying. *e.g.* heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith certify the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...

Gen. Laws, Chap. 40, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall buy or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased as served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereat furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Sec. 45, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence...*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or inter ashes thereof, unless the body be brought into the commonwealth until he has received a permit so to do from the board of health or its agent, who are held to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.. *Chap. 114, Sec. 46, G. L., as amended.*

Sec. 46, G. L., as amended.

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. 12

1 PLACE OF DEATH { Suffolk County
Winthrop (City or Town)
No. 294 Revere St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louisa Mary (Eyles) Grundy
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 294 Revere St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 32 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (write the word) Widowed.

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Stephen Grundy
(Give maiden name of wife in full)
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years X Months X Days If less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER Charles Eyles

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Mary Bailey

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant ELEANOR EVANS
(Address) 29 REVERE ST.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent or Board of Health or other)

Health Officer 1/18/30
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 16 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 11 1930, to Jan 16 1930,
last saw her alive on Jan 16 1930, death is said

to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Pneumonia 1/11/30
Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Pulmonary tuberculosis Where an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B. Parker M. D.

(Signed) J. Winthrop Date 1/17 1930

(Address) Winthrop

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL January 19 1930

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass.

Received and filed Jan 24 1930

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Atherosclerosis.....	1915.....
Chronic interstitial nephritis.....	1921.....
Cerebral hemorrhage.....	July 5, 1927.....
.....
.....
Contributory causes of importance not related to principal cause:	
Fracture of arm.....	.....
Automobile accident.....	May 3, 1927.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 13

PLACE OF DEATH

Suffield

(County)

Winthrop

(City or Town)

No. 4 Washington Ave

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Paul Richard Mahoney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 4 Washington Ave

St.,

Ward,

(If U. S.

War Veteran,

specify WAR)

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED Single
WIDOWED
OR DIVORCED5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 10 Years 2 Months 6 Days If less than 1 day
Hours Minutes8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. At School9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City) Winthrop
(State or country) Mass13 NAME OF
FATHER Charles J.14 BIRTHPLACE OF
FATHER East Boston
(State or country) Mass15 MAIDEN NAME
OF MOTHER Agnes R. Driscoll16 BIRTHPLACE OF
MOTHER Boston
(State or country) Mass17 Informant Charles Mahoney
(Address) 4 Washington AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm W. Childress

(Signature of Agent of Board of Health or other)

Agent

(Official Designation)

Jan 26 - 1930

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH Jan 23 1930
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from
January 7, 1930, to Jan 30, 1930I last saw him on Jan 30, 1930, death is said
to have occurred on the date stated above, at 10 p m.The principal cause of death and related causes of importance in order of
onset were as follows:Lobar Pneumonia

Date of onset

1/12/30

Contributory causes of importance not related to principal cause:

Infect. Colitis1/7/30Name of operation Ch. Int. Surg. Date of 0What test confirmed diagnosis? Ch. Int. Surg. Were an autopsy? 020 Was disease or injury in any way related to occupation of deceased? 0

If so, specify

(Signed) Thos. Scanlon M. D.(Address) 419 Brighton B. Date 1/23 193021 PLACE OF BURIAL, Holy Cross Malden
CREMATION OR REMOVAL (Cemetery) (City or town)DATE OF BURIAL Jan 23 193022 NAME OF
UNDERTAKER John F. O'MalleyADDRESS 779 Atlantic St.Received and filed FEB - 3 1930 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose occupation was that of home housework, write *housework*. In answer to Question 8 and *own home* in answer to Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashtemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
.....	
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
.....	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, and shall sign the same. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Winthrop
(City or town making return)

Registered No. 14

1 PLACE OF DEATH

Suffolk
County
Winthrop
(City or Town)

No. 48 Sargent St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Julia M. Welsh
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence No. 48 Sargent St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Michael J. Welsh
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country)

Boston
Mass

13 NAME OF FATHER

Timothy Callahan

14 BIRTHPLACE OF FATHER (City) (State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Not Known

16 BIRTHPLACE OF MOTHER (City) (State or country)

Ireland

17 Informant (Address)

M. Welsh
48 Sargent St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/27/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 24 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan 22 1930 to Jan 24 1930

I last saw her alive on Jan 23 1930, death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis

Contributory causes of importance not related to principal cause:

abdominal cramps > June 3, 20

Name of operation

Chronic faber

Date of 1-23-30

What test confirmed diagnosis?

Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Sybil G. Galt M. D.
(Address) 125 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (City or town)

DATE OF BURIAL Jan 27 1930

22 NAME OF UNDERTAKER Fred A. Maguire

ADDRESS 44 Madison St. Malden

Received and filed FEB 3 1930 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Cardiac hemorrhage</i>	1917
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	May 3, 1917
<i>Automobile accident</i>	May 3, 1917

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient if a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 15

2 FULL NAME

No.

St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Charles H. Perry
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

61

Years

7

Months

14

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

Charlestown
Mass13 NAME OF
FATHERWilliam H. Bray
Lynn
Mass14 BIRTHPLACE OF
FATHER (City)

(State or country)

15 MAIDEN NAME
OF MOTHER

Martha A. Greenlaw

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Broufield
Maine

17 Informant

(Address)

Miss Sister Ida B. Winans
Walden
MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William W. Children

(Signature of Agent of Board of Health or other)

Agent
(Official Designation)Jan 31/30
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

(Month)

30

(Day)

30

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Dec 1, 1929, to Jan 29, 1930

I last saw him alive on Jan 29, 1930, death is said

to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Edema of Lungs.

Contributory causes of importance not related to principal cause:

Chronic Nephritis
Cerebral Hemorrhage

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary A. Kelly, M. D.

(Address) 300 Pleasant Street, Boston, Mass. 19

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

January 31st

1930

22 NAME OF
UNDERTAKER

Halter J. White

ADDRESS

Winthrop
Mass

Received and filed

FEB 3 1930

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Jan. 29 1930

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, assthenia, etc. As principal cause, name the disease of injury causing death. As related causes, name any earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 3, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	May 3, 1927
.....

In a group of causes containing the principal cause and related causes, five causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in the first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb others than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent addressed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Winthrop
BOSTON

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 16
 City or Town Winthrop No. 255 Pleasant St., 16 Ward 16
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Alexander
 (If U. S. War Veteran, specify WAR)
 (a) Residence. No. 255 Pleasant St., 16 Ward,
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Widower
 5a If married, widowed, or divorced HUSBAND of Hannah Frances (Stubble) (or) WIFE of Smith
 6 AGE Years 82 Months 3 Days 15 IF LESS than 1 day,hrs. ormin.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) Name of employer Steph Engineering Co.

8 BIRTHPLACE (City)

(State or country) Maine

9 NAME OF FATHER

William T. Alexander

10 BIRTHPLACE OF FATHER (City)

(State or country) Brunswick
Maine

11 MAIDEN NAME OF MOTHER

Nancy Merriman

12 BIRTHPLACE OF MOTHER (City)

(State or country) Harpwell
Maine

13

Informant
 (Address)

Alice T. Alexander
255 Pleasant St.

14

Filed FEB - 3 1930
 (Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 29 1930
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1929, to Jan 29, 1930.

that I last saw him alive on Jan 29, 1930.

and that death occurred, on the date stated above, at 11 P m.
 The CAUSE OF DEATH was as follows: (State fully)

Chronic Valvular
Heart Disease

CONTRIBUTORY (Secondary) Arteriosclerosis
 (Duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death Home
 (Duration) yrs. mos. ds.

Did an operation precede death. no For what

Date of operation

Was there an autopsy. no

If under one year, was infant Breast Fed no
 What test confirmed diagnosis

(Signed) Archie E. Johnson, M. D.

(Address) 123 Winthrop

Date Jan 30 1930

18 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

(Cemetery) Bath Maine (City or town) Bath

19 UNDERTAKER ADDRESS

C. A. Rollins Boston

Official position 1st Officer Date of issue 1/30/30 Permit No. 1603

is very important. See instructions and extracts from the laws on back of certificate.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Peeler," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up, on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meadles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Meadles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Sensible," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childhood or miscarriage, as "FETTERAL septicaemia," "FETTERAL peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, meningitis, gastritis, erysipelas, meningitis, miscarriage, necrosis, phlebitis, plebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Worcester
(City or town making return)

Registered No. *17*

1 PLACE OF DEATH

Suffolk
(County)

Worcester
(City or Town)

No. *38* *Forest*

St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Wallace Coates Williams*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *38 Forest St* St. Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *19* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *M.* 4 COLOR OR RACE *N.* 5 SINGLE (write the word)
MARRIED *married*
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced
HUSBAND of *George A. Kelley, William*
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *65* Years *4* Months *16* Days If less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Successor*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Linen Garments*
10 Date deceased last worked at this occupation (month and year) *1/30/30* 11 Total time (years) spent in this occupation *9*

12 BIRTHPLACE (City) *Philadelphia*
(State or country) *Pa.*

13 NAME OF FATHER *Abraham Coates Williams*

14 BIRTHPLACE OF FATHER (City) *Philadelphia*
(State or country) *Pa.*

15 MAIDEN NAME OF MOTHER *Emily Dillman*

16 BIRTHPLACE OF MOTHER (City) *Worcester*
(State or country)

17 Informant *Wife of George A. Williams*
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William A. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) *Jan. 30, 1930.*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Jan 30 1930*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Jan 30*, 19*30*, to *Jan 30*, 19*30*, death is said

I last saw him alive on *Jan 30*, 19*30*, death is said to have occurred on the date stated above, at *9:30 P* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural Cause. Probably Angina Pectoris. Date of onset *7*

Contributory causes of importance not related to principal cause:

Name of operation *none* Date of *no*
What test confirmed diagnosis *Paroxysmal angina* Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *Raymond B Parker* M. D.
(Signed) *Walter Board of Health* (Address) *Worcester Board of Health* Date *Jan 31 1930*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Worcester* *Worcester*
(Cemetery) (City or town)

DATE OF BURIAL *Feb 1 1930*

22 NAME OF UNDERTAKER *Chas R Benson*
ADDRESS *7 Mount St Worcester*

Received and filed *FEB - 3 1930* 19

A TRUE COPY, ATTEST:

(Registrar)

Jan. 30. 1930

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. In answer to Question 8 and *own home* in answer to Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

- 7.—To be complete, an occupation return must state:
 - 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphemia, etc. As principal cause, name the disease or injury causing death. As related causes, name any morbid conditions, if any, related to the principal cause, and but only causes of complication of the principal cause. Under contrary causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, notorized or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, and shall upon application make the certificate required for the purpose, make such certificate. If the death certificate, the medical examiner shall, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

STANDARD CERTIFICATE OF DEATH

Umbagog, Mass.
BOSTON

1 PLACE OF DEATH

County

SuffolkState **Massachusetts**

Registered No.

(City or town)

City or Town **Boston**

No.

203 Shore Blaine

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Annie Levy

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. **203 Shore Blaine**

St.,

Ward,

Umbagog, Mass.

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE, MARRIED, WIDOWED,
or DIVORCED (write the word)**married**5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of**Charles**

6 AGE

65 Years

Months

Days

IF LESS than
1 day, hrs.
or min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.**Housewife**

(b) Name of employer

8 BIRTHPLACE (City)

(State or country)

Russia9 NAME OF
FATHER**Morten Herman Gaffe**10 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia11 MAIDEN NAME
OF MOTHER**Pauline Cantrich**12 BIRTHPLACE OF
MOTHER (City)

(State or country)

Leared Russia

13

Informant
(Address)**Charles Levy
203 Shore Drive Wm. St.**

14

Filed

FEB - 3 1930

(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

January 30, 1930

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

February 20, 1929, to January 30, 1930

that I last saw her alive on

January 28, 1930and that death occurred, on the date stated above, at **3:00 A.M.**
The CAUSE OF DEATH was as follows: (State fully)**Angina Pectoris.**

(duration) yrs. mos. ds.

CONTRIBUTOR
(Secondary)**Chronic Myocardial Degeneration**

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death**not known**Did an operation precede death **no**. For what

Date of operation

none

Was there an autopsy

no

If under one year, was infant kept fed?

What test confirmed diagnosis **clinical & laboratory**

(Signed)

Herb Cheung, M.D.

(Address)

367 Shirley Street, Umbagog

Date

January 30, 1930.**Mass**

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

(Cemetery)

(City or town)

End of End of Boston

DATE OF BURIAL

Montrale**4-30-30**

19 UNDERTAKER

ADDRESS

Charles J. J. J. VillageOfficial
positionDate of
issue
of permitPermit
No.**1682**20 I HEREBY CERTIFY that a satisfactory stand-
ard certificate of death was filed with me
BEFORE the burial or transit permit was issued.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Jan. 30. 1930

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness, or various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer* or *planter*, *physician*, *compositor*, *architect*, *locomotive engineer*, *civil engineer*, *stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of "Tumor" (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death) 29 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Goma," "Convulsions," "Debility" ("Congestive," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiparesis," "Marasmus," "Old age," "Shock," "Dysentery," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

STANDARD
CERTIFICATE OF DEATH

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)



Winthrop
(City or town making return)

Registered No. 13

No. 338 Pleasant

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Montague Burk
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 338 Pleasant

St.,

Ward,

Length of residence in city or town where death occurred 5 yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years 11 Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevated Car shifter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston Elevated
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Alexander B Burk

14 BIRTHPLACE OF FATHER (City) Prince Edward Island (State or country)

15 MAIDEN NAME OF MOTHER Mary J. Wendall

16 BIRTHPLACE OF MOTHER (City) London (State or country) England

17 Informant Lillie W Burk (Address) 388. Pleasant St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

M. H. Childers
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 31 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1930, to Jan 31, 1930

I last saw him alive on Jan 30, 1930, death is said to have occurred on the date stated above, at 2 am.

The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis

Date of onset

1925

Contributory causes of importance not related to principal cause:

Pulmonary Edema - 3 days

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Inden H Rice M. D.

(Address) 290 North St Date Jan 31, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery (Cemetery) (City or town)

DATE OF BURIAL Feb 2 1930

22 NAME OF UNDERTAKER C. W. Hopkins

ADDRESS Boston

Received and filed Feb 3 1930 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Cerebral hemorrhage</i>	1921
	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, and if death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it had been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia; If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childhood, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebotitis, pyemia, septicemia, tetanus.

Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Cambridge

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 35-157

2 FULL NAME Thomas F. Flynn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 247 Main St.

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W.

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

92

AGE Years Months Days If less than 1 day

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stone Cutter

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

?

11 Total time (years)

spent in this occupation 50

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF FATHER

----- Flynn

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Bridget Keough

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Mrs Arthur Merrill

247 Main St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Feb 1 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 31 1930 Feb 1 1930

I last saw him alive on Jan 31 1930, death is said to have occurred on the date stated above, at 12.50 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Chronic Prostatitis

3 yrs

Arterio Sclerosis

yrs

Myocarditis

yrs

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Felix Mc Girr

(Signed)

Cambridge

(Address)

Date

2-1

30

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Holy Cross Cem Malden

Feb 3 (Cemetery)

(City or town) 30

DATE OF BURIAL

19

22 NAME OF UNDERTAKER

John F. O Maley

ADDRESS

79 Atlantic St. Winthrop

Received and filed

Feb 7, 1930

19

A TRUE COPY, ATTEST:

(Registrar)

Feb. 1. 1930

7-301
2,00,000, 9-26, NO. 6373
Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
pled. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

State

Registered No.

City or Town

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

St.

Ward,

(If non-resident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred

years

months

days.

How long in U. S., if of foreign birth?

years

months

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

15 DATE OF DEATH

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from

Dec. 1

1929 to

Feb 2

1930

that I last saw him alive on

Feb. 1

1930

and that death occurred, on the date stated above, at

5:30 a. m.

The CAUSE OF DEATH was as follows: (State fully)

Diabetes mellitus

(duration) ? yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Gangrene right leg

(duration) yrs. 4 mos. ds.

17 Where was disease contracted
if not at place of death

Did an operation precede death

NO For what

Date of operation

Was there an autopsy

What test confirmed diagnosis

(Signed)

Edward J. Franzen

M. D.

(Address)

476 S. Dudley St.

Date

Feb. 4 - 1930

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

2/4/30

19 UNDERTAKER

C. B. Bennison

ADDRESS

Winthrop

13

Informant

Chas. S. George

(Address)

Salmon Falls

14

Filed

Feb. 19 1930

(Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. C. Cuddeback

Official position

Health Officer

Date of issue

2/4/30

of permit

Permit No.

1688

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (c) *Salesman*, (d) *Grocery*; (e) *Foreman*, (f) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonium*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsion," "Debility" ("Comatose"), "Stomach" etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 48, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Winthrop
(City or town making return)

Registered No. 21

1 PLACE OF DEATH
Suffolk County
Winthrop
(City or Town)
No. 11 Pearl Ave. St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose Diamond
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 11 Pearl Ave. St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. days. How long in U. S., if of foreign birth? 32 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Rose Diamond (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 58 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 10 Date deceased last worked at this occupation (month and year) Dec 12/1924 11 Total time (years) spent in this occupation 4 yrs

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER David Malamed

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Dora Ciment

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) Rose Diamond 11 Pearl Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/3/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 3 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1929 to Feb 3 1930. I last saw her alive on Feb 2 1930, death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of Liver & Greater Omentum

Date of onset

Contributory causes of importance not related to principal cause:

Cholelithiasis

Name of operation Cholecystectomy Date of 12/12/29
What test confirmed diagnosis? Path. Exam. Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) M. L. Dursler, M. D.
(Address) 326 Prospect Ave. Date Feb 5 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Bridge of Boston (Cemetery) (City or town)

DATE OF BURIAL Feb 3 1930 19

22 NAME OF UNDERTAKER Messing Planetsky
ADDRESS 17 E. 1st St. Boston

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1911
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	May 3, 1927
Automobile accident	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where the same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

1 PLACE OF DEATH

Suffolk.
(County)
Dorchester
(City or Town)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHDorchester
(City or town making return)

Registered No. 462

No.

(City or Town)

896 A Shirley Dorchester

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Francis A. Rivers

(If deceased in a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR

World

(a) Residence. No.

896 A Shirley

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Lillian Pearson (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 37 Years 6 Months 23 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ginter Co.

10 Date deceased last worked at this occupation (month and year) 5 11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City) Millville (State or country) Mass

13 NAME OF FATHER Lemery Rivers

14 BIRTHPLACE OF FATHER (City) Holyoke. (State or country) Mass

15 MAIDEN NAME OF MOTHER Anastasia O'Neil

16 BIRTHPLACE OF MOTHER (City) Harbor Grace (State or country) N. H.

17 Informant Mrs. Anastasia Rivers (Address) 896 A Shirley St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. G. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) February 5, 1930.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 3 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 8 1927, to February 3 1930 I last saw him alive on February 2, 1930, death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Intestinal hepatitis

Contributory causes of importance not related to principal cause:

Chronic Myocardial Degeneration
Anemia

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jacob A. Abrams M. D. (Address) 562 Shirley St. Date 2/4/30

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Hallen (Cemetery) (City or town)

DATE OF BURIAL Feb 5, 1930 19

22 NAME OF UNDERTAKER R. Kerby

ADDRESS Dorchester

Received and filed Feb 11 1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS , FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Pneumonia</i>	.....
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a tomb, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, storesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miliaria, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Suffolk

(County)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1070 23

PLACE OF DEATH

Boston
(City or Town)

No. ST ELIZABETHS HOSPITAL St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HELEN M. L. MC CARTHY
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 183 SOMERSET St., Ward, WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 SINGLE MARRIED (write the word) WIDOWED MARRIED or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of HENRY P. (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 35 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) CAMBRIDGE (State or country) MASS.

13 NAME OF FATHER DENNIS LONG

14 BIRTHPLACE OF FATHER (City) LAWRENCE (State or country) MASS.

15 MAIDEN NAME OF MOTHER DELIA L. FLYNN

16 BIRTHPLACE OF MOTHER (City) BOSTON (State or country) MASS

17 Informant (Address) HUSBAND 183 SOMERSET AVE. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A. CRAMPTON

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2-6-30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH FEB 4, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from SEPT 13, 1929, FEB 4, 1930.

I last saw her alive on FEB 4, 1930, death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

TOXEMIA OF PREGNANCY 2 MS

Contributory causes of importance not related to principal cause:

SURGICAL SHOCK-HEMORRHAGE 2-4-30

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify F. L. GOOD (Signed) (Address) Date 2-5, 1930 M.D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL ST. PAULS, ARLINGTON (Cemetery) (City or town)

DATE OF BURIAL FEB 7, 1930

22 NAME OF UNDERTAKER J. F. O'MALEY

ADDRESS

Received and filed FEB 7, 1930

A TRUE COPY, ATTEST:

(Registrar)

Feb. 4, 1930.

8

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



Arlington
(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 3147

1 PLACE OF DEATH
Middlesex
(County)
Arlington
(City or Town)
No. Ring Sanatorium St. Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Dorothy E. Wells
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 115 Washington Ave., St. Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred -- yrs. 3 mos. 7 days. How long in U. S., if of foreign birth? -- yrs. -- mos. -- days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Reginald S. Wells
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 52 Years -- Months -- Days If less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. --
10 Date deceased last worked at this occupation (month and year) --
11 Total time (years) spent in this occupation. --

12 BIRTHPLACE (City) Boston, Mass.
(State or country)

13 NAME OF FATHER John A. Lane

14 BIRTHPLACE OF FATHER (City) East Boston, Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Annie E. Davis

16 BIRTHPLACE OF MOTHER (City) East Boston, Mass.
(State or country)

17 Informant Reginald S. Wells
(Address) 115 Washington Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W.H. Bradley,

(Signature of Agent of Board of Health or other)

Agent 2/7/30
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 7, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1929 to Feb. 7, 1930
I last saw her alive on Feb. 6, 1930, death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Interstitial nephritis 7 yrs.

Contributory causes of importance not related to principal cause:

Arteriosclerosis 7 yrs.

Name of operation ----- Date of -----
What test confirmed diagnosis? clinical tests Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify Freeman A. Tower
(Signed) (Address) Ring Sanatorium Date 2/7/ 1930 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop
(Cemetery) (City or town)
DATE OF BURIAL February 10, 1930

22 NAME OF UNDERTAKER Frank E. Brown
ADDRESS East Boston, Mass.

Received and filed February 10, 1930

A TRUE COPY, ATTEST: (Registrar)

Feb. 7. 1930



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 24

PLACE OF DEATH

Suffolk
(County)Wintrop
(City or Town)

No. 36 Villa Ave

St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Edmund Barry Harvey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 36 Villa Ave St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 5 Years 29 Months 29 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) Wintrop (State or country) Mass

13 NAME OF FATHER Charles Joseph Harvey

14 BIRTHPLACE OF FATHER (City) Waltham (State or country) Mass

15 MAIDEN NAME OF MOTHER Grace M. Manning

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

17 Informant C. Joseph Harvey (Address) 36 Villa Ave

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 9, 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1930, to Feb. 9, 1930

I last saw him alive on Feb. 8, 1930, death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Broncho pneumonia 2-5

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Edward J. Trainger, M. D.
(Address) 426 S. Bailey St. Date 2-9-1930

21 PLACE OF BURIAL, Holy Cross Malden (Cemetery) (City or town)

DATE OF BURIAL Feb. 10, 1930 19

22 NAME OF UNDERTAKER John F. O'Grady
ADDRESS 79 Atlantic St. Wintrop

Received and filed Feb. 19 1930

A TRUE COPY, ATTEST:

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/10/30

RETURN OF CERTIFICATES OF DEATH

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Medford

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 83-31

PLACE OF DEATH

Middlesex
(County)

Medford

(City or Town)

No. Dearborn Hospital

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Rachael E. McGinn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 37 Cliff Ave.

(Usual place of abode)

St.,

Ward,

Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

James F. McGinn

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 80

Years — Months — Days

If less than 1 day

Hours — Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City)
(State or country)Haverhill
Mass13 NAME OF
FATHER

John Ellsworth

14 BIRTHPLACE OF
FATHER (City)

(State or country)

England

15 MAIDEN NAME
OF MOTHER

Margaret LaFayette

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

France

17

Informant
(Address)

Charles McGinn

37 Cliff Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

James B. Meehan

(Signature of Agent of Board of Health or other)

Clerk Bd. of Health Feb. 10, 1930

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

February 10, 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Jan. 1, 1930, to Feb. 7, 1930

I last saw her alive on Feb. 6, 1930, death is said

to have occurred on the date stated above, at 4:30 A.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Endocarditis

Dec. 1929

Contributory causes of importance not related to principal cause:

Broncho pneumonia

1/1/30

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) Edward J. Grainger

M. D.

(Address) 476 Shirley St. Date 2/10 1930

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL February 12

1930

22 NAME OF
UNDERTAKER John F. O'Maley

ADDRESS 79 Atlantic St. Winthrop

Received and filed February 11

1930

A TRUE COPY, ATTEST:

Charles McGinn
(Registrar)

Feb. 10. 1930

June

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 35

PLACE OF DEATH

Suffolk
(County)

(City or Town)

No.

Winthrop Community Hosp

St.

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Ethel Austin Mac Carthy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

69 Fremont St.

St.

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 3 Years 6 Months 22 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation - 3 -

12 BIRTHPLACE (City)

(State or country)

Winthrop Mass

13 NAME OF
FATHER

Louis M. Mac Carthy

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Lancaster
England15 MAIDEN NAME
OF MOTHER

Mara Mac Call

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

England

17

Informant
(Address)Father
69 Fremont St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Feb

11

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Feb 5, 1930, to Feb 11, 1930

I last saw her alive on Feb 11, 1930, death is said

to have occurred on the date stated above, at 3:30 A. M.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Appendicitis (ruptured)

Feb 5, 30

Pneumonia

Feb 5, 30

Contributory causes of importance not related to principal cause:

Name of operation

Appendectomy

Date of Feb 5, 30

What test confirmed diagnosis?

Operation

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Raymond B. Parker

M. D.

(Address)

Winthrop Mass

Date Feb 12 1930

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop Cemetery Winthrop

DATE OF BURIAL

Feb 12

1930

22 NAME OF
UNDERTAKER

Walter T. White

ADDRESS

Winthrop Mass

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

72. 11. 1930.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every Person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family, cook*—*maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Discerning carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *village merchants* and *wholesale merchants*. A person who sells goods should be called a *clerk*, *storeman* and not a *clerk*.

Statement of cause of death—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying. *e. g.*, heart failure, asphyxia, assthenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or of any member of the family of the deceased, authorized person or of any member of an undertaker or other person, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, provided as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or law officer, *Chap. 40, Sec. 90.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or from the grave or tomb to the same cemetery, or from the clerk of the town where the body or its agent aforesaid or from the board of health or its agent is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith contention it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the time required by law. *—***Chapter 114,**
Sec. 45, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.. *Chap. 114, Sec. 45, G. L., as amended.*

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Wintrob Mass.
(City or town making return)

Registered No. *26*

1 PLACE OF DEATH
Wintrob (County)
Wintrob (City or Town)
No. *38 Locust* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Eda Richardson Floyd*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *38 Locust* St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED *married* (write the word)

5a If married, widowed, or divorced

HUSBAND of *Charles Payson Floyd* (Give maiden name of wife in full)
(or) WIFE of *Charles Payson Floyd* (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *62* Years *4* Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) *Brooklyn*
(State or country) *N. Y.*

13 NAME OF FATHER *Edwin Richardson*

14 BIRTHPLACE OF FATHER (City) *New Jersey*
(State or country)

15 MAIDEN NAME OF MOTHER *Mary Lucinda Osborn*

16 BIRTHPLACE OF MOTHER (City) *New Jersey*
(State or country)

17 Informant *Husband*
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
a Signature of Agent of Board of Health or other
Health Officer *Feb. 13, 1930.*
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Feb 11 1930*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Nov 11 1929* to *Feb 11 1930*

I last saw him alive on *Feb 10 1930*, death is said to have occurred on the date stated above, at *2:50 P.* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerotic Hypertension 1905
Pericardial Aneurysm 1926

Contributory causes of importance not related to principal cause:

Name of operation *None* Date of
What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

20 Was disease or injury in any way related to occupation of deceased? *No*
If so, specify
(Signed) *C. Wille & Blum* M. D.
(Address) *123 Broadway St.* Date *Feb 11 1930*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Wintrob* *Wintrob*
(Cemetery) (City or town)

DATE OF BURIAL *Feb 11 1930*

22 NAME OF UNDERTAKER *Parker Bryant Co. Inc.*

ADDRESS *Brookline Mass.*

Received and filed *Feb 19 1930*

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

226.11.1938

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, "mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter*, *printer*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, store it or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description, as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Brachycephalopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebotitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. **1902**

1 PLACE OF DEATH

(County)

(City or Town)

No. **INFANTS HOSPITAL**

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

ROBERT C. MURPHY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. **135 HIGHLAND**

St.,

Ward,

WINTHROP, MASS.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE

(write the word)

MARRIED

WIDOWED

OR DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE Years Months **1** Days **34** Hours Minutes

If less than 1 day

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

**WINTHROP
MASS.**

13 NAME OF FATHER

CLEMENT S.

14 BIRTHPLACE OF FATHER (City)

(State or country)

BOSTON

MASS.

15 MAIDEN NAME OF MOTHER

MINA CHAMBERLAIN

16 BIRTHPLACE OF MOTHER (City)

(State or country)

GARDINER

MAINE

17

Informant

(Address)

FATHER

135 HIGHLAND ST., WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A. CRAMPTON

(Signature of Agent of Health or other)

2-12-30

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

FEB 11, 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I attended deceased from

FEB 10

, 19**30**, to

FEB 11

, 19**30**

I last saw him alive on **FEB 11**, 19**30** death is said

to have occurred on the date stated above, at **1 A** m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

PREMATURITY

ATELECTASIS OF LUNGS

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? **AUTOPSY** Was there an autopsy? **YES**

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **F. R. HOPKINS**

M. D.

(Address)

Date **2-13-1930**

21 PLACE OF BURIAL, CREMATION OR REMOVAL

ST. MARYS, RANDOLPH

(Cemetery)

(City or town)

DATE OF BURIAL

FEB 13, 1930

19

22 NAME OF UNDERTAKER

C. R. BENNISON

ADDRESS

Received and filed

FEB 14, 1930

19

A TRUE COPY, ATTEST:

(Registrar)

Feb. 11. 1930

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Winthrop

(City or town making return)

Registered No. 28

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 72 Tremont

St., Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Louisa Washington Nuckolls

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

72 Tremont

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

9

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED

Widowed.

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Thomas Dolan

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

13

Years

4

Months

2

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

NONE

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

Richmond

(State or country)
Virginia13 NAME OF
FATHER

William Nuckolls

14 BIRTHPLACE OF
FATHER (City)

Unable to obtain.

(State or country)

Virginia

15 MAIDEN NAME
OF MOTHER

Unable to obtain.

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

17

Informant
(Address)Laura L. Goodwin (daughter)
72 Tremont St.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

February

12

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

October 10

1929

to February 12, 1930

I last saw her alive on

February 11, 1930, death is said

to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Cerebral hemorrhage

Date of onset

2/11/30

Contributory causes of importance not related to principal cause:

1. Atherosclerosis

2. Chronic Interstitial Nephritis?

3. Senility

Name of operation

none

Date of

What test confirmed diagnosis?

Clinical & laboratory

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Abrams M.D.

(Address) 662 Shirley St. Woburn

Date 2/13/30

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Winthrop Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Feb. 14.

1930

22 NAME OF
UNDERTAKER

Charles P. Bennison

ADDRESS Winthrop Mass.

Received and filed

Feb. 17

1930

A TRUE COPY, ATTEST:

(Registrar)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No.

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 160 Grover Ave. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Samuel Holzwasser
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 160 Grover Ave. St., Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. days. How long in U. S., if of foreign birth? 68 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Jennie Strauss
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Central Tire Co. Stamford City
10 Date deceased last worked at this occupation (month and year) Aug. 1929 11 Total time (years) spent in this occupation 40 yrs

12 BIRTHPLACE (City) Leeds Eng.
(State or country)

13 NAME OF FATHER Wolf Holzwasser

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Amelia Alexander

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant A. Holzwasser
(Address) 82 Ormond St. Mattapan

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

Health Officer 2/19/30
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 2 16 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 7/1 1927 to 2-16 1930

I last saw him alive on 2-16 1930, death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Edema of Lung

Contributory causes of importance not related to principal cause:

Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ M. D.
(Signed) Hursey, Asst. City Date 3/1/1930
(Address) 200 Pleasant

21 PLACE OF BURIAL, CREMATION OR REMOVAL Moses Mendelson B. Co.
(Cemetery) (City or town)

DATE OF BURIAL Feb. 17 1930

22 NAME OF UNDERTAKER Samuel Stenitsky

ADDRESS 19 Eaton St. Boston

Received and filed Feb 19 1930

A TRUE COPY, ATTEST:

(Registrar)

Feb. 16, 1900

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...

Gen. Laws, Chap. 40, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9.

To be complete, an occupation return must state:

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.---The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineers*, *mechanical engineers*, *mining engineers*, *stationary engineers*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

System of cause of cause—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying. *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
.....	
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above exemplified happens to be the second cause given.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...

Gen. Laws, Chap. 40, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Sec. 45, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Genl. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received such permit so to do from the board of health or its agent. It shall be the duty of the board of health to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . *Chap. 114, Sec. 46, G. L., as amended.*

Sec. 46, G. L., as amended.

State cause for which surgical operation was undertaken.
 Bronchopneumonia: If primary cause, write the word
 "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miocarditis, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 30

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. 53 Fremont St.St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME John T. Ostman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 53 Fremont St.

(Usual place of abode)

St., Ward,
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCEDSingle

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 1 Years 6 Months 20 Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.None9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation.12 BIRTHPLACE (City) Winthrop(State or country) Mass13 NAME OF
FATHERGeorge H. Ostman14 BIRTHPLACE OF
FATHER (City)Winthrop(State or country) Mass15 MAIDEN NAME
OF MOTHERBridie Feeney16 BIRTHPLACE OF
MOTHER (City)(State or country) Ireland17 George H. OstmanInformant
(Address)53 Fremont St.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)2/19/30
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHFeb. 17 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from

Feb. 13 1930 to Feb. 17 1930I last saw him alive on Feb. 17 1930, death is said
to have occurred on the date stated above, at 2 P. m.The principal cause of death and related causes of importance in order of
onset were as follows:John T. Ostman
Date of onset 2/13

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Mearns, M. D.
(Address) 4 Washington St. Date 2/17 1921 PLACE OF BURIAL, Holy Cross Malden

CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL Feb. 20 1930 1922 NAME OF
UNDERTAKER John H. O'NeilADDRESS WinthropReceived and filed Feb. 21, 1930 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

026.17.1930.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance, not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1917
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, when the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
"primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 31

PLACE OF DEATH

suffolk
(County)Winthrop
(City or Town)

No. 53 Fremont St

St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Georgia E. Ostman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 53 Fremont St

(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 3 Years 11 Months 11 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass

13 NAME OF FATHER George H. Ostman

14 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Mass

15 MAIDEN NAME OF MOTHER Bridie Feeney

16 BIRTHPLACE OF MOTHER (City) I reland (State or country)

17 Informant George H. Ostman (Address) 53 Fremont St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
Health Officer (Official Designation)
2/19/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 17 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 13 1930, to Feb. 17 1930

I last saw him alive on Feb. 17 1930 death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Tuberculosis 2/13

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) C. D. Michon, M. D. (Address) Washington D. C. Date 2/18/30

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (City or town)

DATE OF BURIAL Feb. 20 1930 (City or town)

22 NAME OF UNDERTAKER John H. O'Leary (Address) Winthrop

Received and filed Feb. 25/1930 19

A TRUE COPY, ATTEST:

(Registrar)

Feb. 17, 1930

THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Brevise statement of occupation is very important, so that the relative healthfulness of various pursuits can be compared. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*attendant*, *family*, *cook*—*maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguishing carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *electrical engineer*, etc., would avoid the term "laborer" when a person is doing the work of a laborer. The word "laborer" should not be used as a general statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguishing carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication causing death, *not* the mode of dying, e. g., pneumonia causing death, *not* as principal cause, pneumonia, pneumonia, pneumonia, etc. As principal cause, the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contrary causes of importance *not* related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Acute interstitial nephritis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1921

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was certified, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent authorized or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for substantial reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The cause to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L. as amended.*

Sec. 45, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; and otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the remains of a human body, or the remains of an animal, unless he has received which have been brought in to this Commonwealth until he has received a permit so to do from the board of health or its agent. He is authorized to issue such a permit if there is no such board, from the clerk of the court in which the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or of the burial ground in which the interment is made.. *Chap. 114, Sec. 49, G. L., as amended.*

Sec. 46. *G. I.* as amended.

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

17, 459
Winthrop
(City or town)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 32City or Town Winthrop No. 80 Bellevue Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Agnes Cootey

(If U. S. War Veteran, specify WAR)

(a) Residence. No. Winthrop 80 Bellevue St., Ward.

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred 4 years months days How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED, (write the word) Married

5a If married, widowed, or divorced

HUSBAND of Herman L. Cootey
(or) WIFE of6 AGE Years 47 Months 10 Days 7 If less than day, hrs. or min. 2

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home(b) Name of employer New Brunswick8 BIRTHPLACE (City) New Brunswick
(State or country) Canada9 NAME OF FATHER Howard Wheaton10 BIRTHPLACE OF FATHER (City) New Brunswick(State or country) Canada11 MAIDEN NAME OF MOTHER Emma Laurette12 BIRTHPLACE OF MOTHER (City) New Brunswick(State or country) Canada13 Informant Herman L. Cootey
(Address) Winthrop Mass.14 Filed Feb. 25, 1930

(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by W. D. ChildressOfficial position Health Officer21 Date of issue 2/24/30Permit No. 1697

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Feb. 21, 1930
(Month) (Day) (Year)

16 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Natural Causes: nephritis,
Chronic and acute, hypertension,
hypertrophy and dilatation of
the heart, with probable
terminal haemorrhage of the
brain
(found dead)

(See reverse side for description for unknown person)

17 In what City or town was injury sustained?

(Signed) George Eugene Shyns, M. D.

(Address)

Medical Examiner for SuffolkDate Feb. 21, 1930
(Month) (Day) (Year)18 PLACE OF BURIAL, CREMATION or REMOVAL Woodlawn Cemetery
(Cemetery) (City or town)DATE OF BURIAL Feb 24/30
(Month) (Day) (Year)19 UNDERTAKER C. D. PollarisADDRESS 2 Boston

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased,

or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . .—*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

. . . A medical examiner has no right to delay filing the certificate referred to (death certificate) until judicial inquiries have been concluded and certified, . . .—Extract from Opinion of the Attorney General, July 29, 1926.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medicolegal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

200M-11-29. No. 7180-a
is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 33

PLACE OF DEATH

Suffolk
(County)
Waltham
(City or Town)

No. 166 Shirley St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Judeon A. Seare
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

None

(a) Residence. No. 166 Shirley St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Eugene Hager (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years 9 Months 24 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Postal Service
10 Date deceased last worked at this occupation (month and year) Mar-1928 11 Total time (years) spent in this occupation 42

12 BIRTHPLACE (City) (State or country) New Brunswick Canada

13 NAME OF FATHER Frederick Seare

14 BIRTHPLACE OF FATHER (City) (State or country) New Brunswick Canada

15 MAIDEN NAME OF MOTHER Catharine Wright

16 BIRTHPLACE OF MOTHER (City) (State or country) Lancaster England

17 Informant (Address) Mrs. Eugene A. Seare 166 Shirley St., Waltham

HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/24/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 23 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1929, to 2/23, 1930. I last saw him alive on 2/22, 1930, death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

myocarditis Date of onset About 1 yr ap

Contributory causes of importance not related to principal cause:

Name of operation Clinical Date of Feb. 24, 1930
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) T. P. W. Layton M. D.
(Address) Waltham Date 2/24/1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Waltham Waltham (Cemetery) (City or town)

DATE OF BURIAL Feb. 24 1930

22 NAME OF UNDERTAKER Charles B. Watson
ADDRESS Cambridge, Mass.

Received and filed. 1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on illness. If the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *railroad* *merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name any morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contrary causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Arteriosclerosis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, containing the facts required by law to be returned and recorded, containing the facts required by law to be returned and recorded, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retical as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral tery or burial ground in which the interment is made....
Sec. 46, G. L., as amended.

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Wentworth
(City or town making return)

Registered No. *34*

PLACE OF DEATH

No. *Community Hospital* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *(Stillborn) Brown* { (If U. S. War Veteran, specify WAR)

(a) Residence. No. *124 Cliff Ave* St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *M* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Single* (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *—* Years *—* Months *—* Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) *Wentworth* (State or country) *Mass*

13 NAME OF FATHER *Willard R. Brown*

14 BIRTHPLACE OF FATHER (City) *Gardner* (State or country) *Me*

15 MAIDEN NAME OF MOTHER *Elsie M. Brindle*

16 BIRTHPLACE OF MOTHER (City) *Oreover* (State or country) *Me*

17 Informant *Willard R. Brown* (Address) *129 Cliff Ave Wentworth*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health officer (Official Designation) *2/28/30* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *February 26* 19*30* (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19*—*, to 19*—*,

I last saw him alive on 19*—*, death is said to have occurred on the date stated above, at *—* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Stillborn (9 months)

Contributory causes of importance not related to principal cause:

Proapsed cord.

Name of operation *Mid-forceps* Date of *2/26/30*

What test confirmed diagnosis? *Clinical* Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *Jacob Obispo M.D.* (Signed) *562 Shuley St* (Address) *Wentworth, Mass* Date *2/26/30*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Wentworth* (Cemetery) *Wentworth* (City or town)

DATE OF BURIAL *Feb 28* 19*30*

22 NAME OF UNDERTAKER *Frank E. Brown* ADDRESS *444 Wentworth St Wentworth*

Received and filed *—* 19*30*

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *railroad men* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions. If any, related to the principal cause and any important complication of the principal cause. Under contributory causes of death name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Apoplexosis</i>	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Cerebral hemorrhage</i>	1921
.....	July 5, 1927
.....	
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retinal mark required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retinal mark shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body, or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, kangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHWinthrop
(City or town making return)

Registered No. 38

1 PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 32 Tafts Ave.

St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Emma Harriet (Coles) Dupee
(If deceased is a married, widowed or divorced woman, give also maiden name.){ (If U. S.
War Veteran,
specify WAR)(a) Residence. No. Cleveland St., Ward, Norfolk, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 2 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Charles E. Dupee
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years X Months X Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) (Unable to obtain) New found land.

13 NAME OF FATHER Henry Coles

14 BIRTHPLACE OF FATHER (City) (State or country) (Unable to obtain) England.

15 MAIDEN NAME OF MOTHER Sarah Mercer.

16 BIRTHPLACE OF MOTHER (City) (State or country) (Unable to obtain) New found land.

17 Informant Charles E. Dupee (son)
(Address) 103 Poplar St. Watertown.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/4/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 2 1930.
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from February 20 1930, to March 2 1930

I last saw her alive on March 2 1930, death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Lobar Pneumonia

Date of onset

2/24/30

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? clinical Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Jacoby Dehaene M.D. (Address) 662 Shirley St. Date 3/4/30

21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town) Winthrop, Mass. Norfolk, Mass.

DATE OF BURIAL March 5, 1930

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed Mar 7, 1930

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal causes, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Cerebral hemorrhage</i>	1921
.....	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, from one grave or tomb to another than the receiving tomb to another in the same cemetery until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral tery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. *37*

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)

No. *105 Cottage Park Rd. St.*, Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary S. Baker

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (H U. S.
War Veteran,
specify WAR)

(a) Residence. No. *105 Cottage Park Rd. St.*, *2* Ward,
(Usual place of abode)

Length of residence in city or town where death occurred *45* yrs. — mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Widow* (write the word)

5a If married, widowed, or divorced

HUSBAND of *Thor O. Baker* (Give maiden name of wife in full)

(or) WIFE of *Thor O. Baker* (Husband's name in full)

6 IF STILL BORN, enter that fact here.

7 AGE *81* Years *8* Months *13* Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) *Bakersville*
(State or country) *Vermont*

13 NAME OF FATHER *Thor C. Blodgett*

14 BIRTHPLACE OF FATHER (City) *Nat. H. G.*
(State or country) *Vermont*

15 MAIDEN NAME OF MOTHER *Caroline Hull*

16 BIRTHPLACE OF MOTHER (City) *Temple*
(State or country) *N. H.*

17 Informant *Wm. D. Childress*
(Address) *14 Oakney Rd. Brookline*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *3/4/30* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *March 2 1930*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *March 1*, 19 *30*, to *March 2*, 19 *30*

I last saw her alive on *March 2*, 19 *30*, death is said to have occurred on the date stated above, at *2:30 P.M.*

The principal cause of death and related causes of importance in order of onset were as follows:

*chronic myocarditis
interstitial*

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation *None* Date of *None*
What test confirmed diagnosis? *Physical Exam* Was there an autopsy? *No*

20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *Sallie H. Saunders* M. D.
(Signed) (Address) *52 Woodside St. Wrentham* Date *Mar 3 1930*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winton Cemetery Winton Mass.*
(Cemetery) (City or town)

DATE OF BURIAL *March 4*, 19 *30*

22 NAME OF UNDERTAKER *Walter J. White*

ADDRESS *Winthrop Mass.*

Received and filed *Mar 7*, 19 *30*

A TRUE COPY, ATTEST:

(Registrar)

Mar. 2. 1930

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when taken alive by the physician or officer, and the date of death.

Gen. Laws, Chap. 46, Sec. 9.

... upon suit to give the value

Gen. Laws, Chap. 46, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9a

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 40

 1 PLACE OF DEATH
 Suffolk
 (County)
 Winthrop
 (City or Town)
 No. 316 Pleasant St
 St., Ward {
(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Joseph H. McCarthy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 316 Pleasant St
(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX Male
 4 COLOR OR RACE White
 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Julia A. Julian McCarthy
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

 7 AGE 62 Years Months Days If less than 1 day
 Hours Minutes

 OCCUPATION
 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leather
 10 Date deceased last worked at this occupation (month and year) 3/3/1930 11 Total time (years) spent in this occupation 40

 12 BIRTHPLACE (City) East Boston
 (State or country) Mass

 13 NAME OF FATHER Timothy
 14 BIRTHPLACE OF FATHER (City) Ireland
 (State or country)

 PARENTS
 15 MAIDEN NAME OF MOTHER Catherine Crowley
 16 BIRTHPLACE OF MOTHER (City) Ireland
 (State or country)

 17 Informant Mrs. Julia A. McCarthy
 (Address) 316 Pleasant St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

 Wm. S. Caldwell
 (Signature of Agent or Board of Health or other)
 Health Officer
 (Official Designation) 3/6/1930
 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

 18 DATE OF DEATH March 4 1930
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

March 4 1930 March 4 1930

I last saw him alive on March 4 1930, death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

 Coronary embolism
 Date of onset 3/4

Contributory causes of importance not related to principal cause:

 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

20 Was disease or injury in any way related to occupation of deceased? _____

 If so, specify _____
 (Signed) _____ M. D.
 (Address) _____ Date 3/5 1930

 21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Mallen
 (Cemetery) (City or town)

DATE OF BURIAL March 7 1930

22 NAME OF UNDERTAKER

ADDRESS 19 Atlantic St Boston

Received and filed March 7 1930

A TRUE COPY, ATTEST:

(Registrar)

Mar 4 1930

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faithfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, assthemia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions if any related to the principal cause and butory causes of importance not related to principal cause. Under contr- other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	May 3, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known; otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Walthrop
(City or town making return)

Registered No.

1 PLACE OF DEATH
Suffolk County
Walthrop
(City or Town)
No. 89 Tremont St. Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Florence Louisa (King) Dunham
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

(Usual place of abode)

St. Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 60 yrs. mos. days.

How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of

Arthur C. Dunham
(Give maiden name of wife in full)

(or) WIFE of

Arthur C. Dunham
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 1 Months X Days If less than 1 day Hours Minutes

OCCUPATION:

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper
At home.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Washington
District of Columbia

13 NAME OF FATHER

George H. King-Pomroy

14 BIRTHPLACE OF FATHER (City)

(State or country)

Chelsea
Massachusetts

15 MAIDEN NAME OF MOTHER

Almira Sale

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Walthrop
Massachusetts

17 Informant

(Address)

Arthur C. Dunham
89 Tremont St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
Health Officer
(Official Designation) 3/4/30
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 4 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 1928, to Mar 4 1930

I last saw her alive on Mar 4 1930, death is said

to have occurred on the date stated above, at 2:30 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage

Date of onset

Mar 3/30

Arterio Sclerosis

1928

Contributory causes of importance not related to principal cause:

Name of operation none Date of operation none
What test confirmed diagnosis? Cerebral A. Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify... Reymond B. Parker

(Signed) Reymond B. Parker, M. D.

(Address) Walthrop Mass Date Mar 4 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Walthrop Walthrop
(Cemetery) (City or town)

DATE OF BURIAL March 6 1930

22 NAME OF UNDERTAKER Charles R. Bemison

ADDRESS Walthrop Mass.

Received and filed Mar 7 1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," then a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name any important conditions, if any, related to the principal cause and history causes of importance of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Atherosclerosis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

PLACE OF DEATH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Winthrop (City or town making return)	
1	Suffolk (County) Winthrop (City or Town) No. Winthrop Community St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)	STANDARD CERTIFICATE OF DEATH		Registered No. 42	
2	FULL NAME Baby Schwartz (If deceased is a married, widowed or divorced woman, give also maiden name.)			(If U. S. War Veteran, specify WAR)	
(a)	Residence. No. 32 Sea foam Ave. St. Winthrop (Usual place of abode)			(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		Yrs.	mos.	days	How long in U. S., if of foreign birth? Yrs. mos. days.
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)		
Male	White	Single			
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)					
(or) WIFE of (Husband's name in full)					
6 IF STILLBORN, enter that fact here.					
7	AGE	Years	Months	Days	If less than 1 day Hours Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		None			
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10 Date deceased last worked at this occupation (month and year)		11 Total time (years) spent in this occupation			
12 BIRTHPLACE (City) Winthrop Mass. (State or country)					
13 NAME OF FATHER Morris Schwartz.					
14 BIRTHPLACE OF FATHER (City) Russia. (State or country)					
15 MAIDEN NAME OF MOTHER Anna Levine					
16 BIRTHPLACE OF MOTHER (City) Boston Mass. (State or country)					
17 Informant (Address) M. Schwartz 22 Sea foam Ave Winthrop					
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 3/5/30 (Date of Issue of Permit)					
MEDICAL CERTIFICATE OF DEATH					
18 DATE OF DEATH		March 5 1930 (Month) (Day) (Year)			
19 I HEREBY CERTIFY, That I attended deceased from March 4 1930, to March 4 1930, death is said to have occurred on the date stated above, at 12:30 p.m. The principal cause of death and related causes of importance in order of onset were as follows: Premature Birth (6 1/2 months) induced labor, threatened eclampsia. Contributory causes of importance not related to principal cause: Atelectasis					
Name of operation		Date of		Date of onset	
What test confirmed diagnosis?		Was there an autopsy?		March 4	
20 Was disease or injury in any way related to occupation of deceased? No If so, specify Frank J. Hindler M. D. (Signed) (Address) 56 Elm St. Boston Date March 1930					
21 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Joseph Cem. Boston (Cemetery) (City or town)		DATE OF BURIAL March 6 1930			
22 NAME OF UNDERTAKER Emanuel Stanetsky		ADDRESS 19 Eaton St Boston.			
Received and filed		March 7 1930			
A TRUE COPY, ATTEST:		(Registrar)			

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, the occupation for the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name any morbid conditions, if any, related to the principal cause and but only causes of complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1911
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Wintthrop
(City or town making return)

Registered No. *43*

PLACE OF DEATH

(County)

Wintthrop
(City or town)

No. *25 Summit Ave.*

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Louise Mary Murphy*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *25 Summit Ave.* Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *34* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female White* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED *Single* (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *24* Years *4* Months *9* Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School Teacher*

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) *2/25/30* 11 Total time (years) spent in this occupation *2 1/2*

12 BIRTHPLACE (City) *Wintthrop* (State or country) *Mass*

13 NAME OF FATHER *Frederick John Murphy*

14 BIRTHPLACE OF FATHER (City) *Chash* (State or country) *Mass*

15 MAIDEN NAME OF MOTHER *Mabel Gertrude Leonard*

16 BIRTHPLACE OF MOTHER (City) *Chash* (State or country) *Mass*

17 Informant (Address) *Frederick J. Murphy*
25 Summit Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William W. Childrens
(Signature of Agent of Board of Health or other)

Agent *Mar. 9th 1930*
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Mar. 6 1930*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *Feb. 28*, 1930, to *Mar. 6*, 1930

I last saw him alive on *Mar. 6*, 1930, death is said to have occurred on the date stated above, at *8 A. M.*

The principal cause of death and related causes of importance in order of onset were as follows:

Septic Sinitis

Date of onset

3/1/30

Contributory causes of importance not related to principal cause:

Septic Endocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

20 Was disease or injury in any way related to occupation of deceased? *NO*

If so, specify *Edward J. Joannys*

(Signed) *476* *Stuy* M. D.

(Address) *476 Stuy* Date *Mar 7* 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Holy Cross Cemetery* *Walden* (City or town)

DATE OF BURIAL *Mar 8*, 1930

22 NAME OF UNDERTAKER *Francis Heary*

ADDRESS *4 Main St. Chash*

Received and filed *Mar. 15*, 1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. In answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asphemia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Atherosclerosis</i>	.....	Date of onset	.....
<i>Chronic interstitial nephritis</i>	.....	.....	1915
<i>Cerebral hemorrhage</i>	.....	.....	1911
.....	.....	.....	July 5, 1927
Contributory causes of importance not related to principal cause:	.....	
<i>Fracture of arm</i>	.....	
<i>Automobile accident</i>	.....	.....	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46B, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb of other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, his certificate cannot be obtained early enough for the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chilblains, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



Suffolk

(County)

Chelsea

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. ~~187~~ 187

PLACE OF DEATH

Chelsea

(City or Town)

No. Chelsea Memorial Hospital, Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John Edmund Hunt

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

Winthrop, Mass.

(If nonresident, give city or town and state)

(a) Residence. No. 85 Fremont

St., Ward,

(Usual place of abode)

Length of residence in city or town where death occurred

9 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)
m	w	married	

5a If married, widowed, or divorced

HUSBAND of Marguerite Dilling

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE	28 Years	4 Months	14 Days	If less than 1 day
				Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salesman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Plumbing Supply

10 Date deceased last worked at this occupation (month and year)

Feb. 1930

11 Total time (years)

spent in this occupation

8

12 BIRTHPLACE (City)

(State or country)

East Boston, Mass.

13 NAME OF FATHER

Michael Dilling

14 BIRTHPLACE OF FATHER (City)

(State or country)

N.F.

15 MAIDEN NAME OF MOTHER

Elizabeth Mulcahy

16 BIRTHPLACE OF MOTHER (City)

(State or country)

N.F.

17 Informant

(Address)

Wife-Mrs. J. E. Hunt

37 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Mary E. Regan

(Signature of Agent of Board of Health or other)

Clerk

(Official Designation)

Mar. 6, 1930

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Mar. 6, 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Feb. 27

1930

to

Mar. 6

1930

I last saw him alive on Mar. 6, 1930, death is said

to have occurred on the date stated above, at 2:50 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Pneumonia-lobar

2/27/30

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. H. Layton

M. D.

(Address) Winthrop

Date 3/6 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Mar. 8, 1930

19

22 NAME OF UNDERTAKER

R. C. Kirby

ADDRESS

East Boston, Mass.

Received and filed Mar. 6, 1930 19

A TRUE COPY, ATTEST:

Mar. 19, 1930

(Registered)

Mar. 6. 1930

303
information should be carefully supplied. In the absence of such information, the death should be classified under the International Classification of Causes of Death in plain terms, so that it may be properly classified under the laws relative to the return of certificates of death. See reverse side for extracts from the laws relative to the return of certificates of death.

Medical Examiner's Certificate of Death

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 45
City or Town Winthrop (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward

2 FULL NAME Mary Mary Snowman (If U. S. War Veteran, specify WAR)
(a) Residence. No. Winthrop's 79 Winthrop St., Ward.
(Usual place of abode) (If non-resident, give city or town and state)
Length of residence in city or town where death occurred 12 years 6 months — days How long in U. S., if of foreign birth? — years — months — days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED, (write the word) Married
5a If married, widowed, or divorced HUSBAND of Frank B. Snowman (or) WIFE of
6 AGE Years 65 Months — Days — if less than 1 day.... hrs. — or.... min. —

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) Name of employer Home

8 BIRTHPLACE (City) Chippisburg
(State or country) Maine

9 NAME OF FATHER Crumby Oliver

10 BIRTHPLACE OF FATHER (City) Chippisburg
(State or country) Maine

11 MAIDEN NAME OF MOTHER Agnes Butler

12 BIRTHPLACE OF MOTHER (City) Chippisburg
(State or country) Maine

13 Informant Lucie J. Snowman
(Address) 79 Winthrop St. Winthrop

14 Filed Mar 15 1936
(Month) (Day) (Year)

REGISTRAR

20 Burial permit issued by Wm L. Childress

Official position Health Officer

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH March 8 1936
(Month) (Day) (Year)

16

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Natural Cause: Heart
disease associated with
obesity.

(Sudden Death)

(See reverse side for description for unknown person)

17 In what City or town was injury sustained?

(Signed) Ernest Eugene Magath M. D.
(Address) —

Medical Examiner for Suffolk
Date March 9 1936
(Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, or REMOVAL Portland Maine
(Cemetery) (City or town)

19 UNDERTAKER Edw. J. Robbins
ADDRESS —

21 Date of issue 3/11/36 Permit No. 1706

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

... physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 38, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

... No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in case thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, the physician who is a member of the board of health, or employed by or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such interment and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased,

or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . .—*General Laws, Chap. 38, Sec. 6.*

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

... A medical examiner has no right to delay filing the certificate referred to (death certificate) until judicial inquiries have been concluded and certified, ..—*Extract from Opinion of the Attorney General, July 29, 1926.*

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Mar. 8. 1926



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 22964

1 PLACE OF DEATH

(County)

(City or Town)

No. BICKUR CHOLIM HOSPITAL St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

SARAH GOLDSTEIN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 164 PAULINE St., Ward, WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED WIDOW (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of ISRAEL (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) APR. 1930 11 Total time (years) spent in this occupation YRS

12 BIRTHPLACE (City) (State or country) RUSSIA

13 NAME OF FATHER HARRY ROSENBERG

14 BIRTHPLACE OF FATHER (City) (State or country) RUSSIA

15 MAIDEN NAME OF MOTHER LIBBIE MARCUS

16 BIRTHPLACE OF MOTHER (City) (State or country) RUSSIA

17 Informant R. FRIEDBERG (Address) 249 HUMBOLT AVE.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A. E. CRAMPTON

(Signature of Agent of Board of Health or other)

3-10-30

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH MAR 10, 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from MAR 1 ER 30, 1930, to MAR 9 30, 1930

I last saw h. alive on MAR 9, 1930, death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

MENINGEAL IRRITATION
BRONCHO PNEUMONIA
PROBABLE CARCINOMATOSIS-METASTASES

Contributory causes of importance not related to principal cause:

CANCER OF LEFT BREAST WITH METASTASES

Name of operation AMPUTATION OF BREAST Date of

What test confirmed diagnosis PATH. EXAM. Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify SAMUEL W. MYERS (Signed) M. D. (Address) Date 3-10-30

21 PLACE OF BURIAL, CREMATION OR REMOVAL BETH JOSEPH, WOBURN (Cemetery) (City or town)

DATE OF BURIAL MAR 11, 1930 19

22 NAME OF UNDERTAKER M. STANETSKY ADDRESS

Received and filed MAR 12, 1930 19

A TRUE COPY, ATTEST:

(Registrar)

Carla Jodelin

Mar. 10. 1930

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. 47

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 14 Seymour St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Belinda G. Hayden

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 14 Seymour St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single.

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 85 Years 10 Months If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Massachusetts

13 NAME OF FATHER Thomas T. Hayden.

14 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country)

15 MAIDEN NAME OF MOTHER Mary Orr Harvey

16 BIRTHPLACE OF MOTHER Boston (State or country) Massachusetts

17 Informant Miss Grace Hutchinson (Address) 114 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childers (Signature of Agent of Board of Health or other)

Health officer (Official Designation) 3/15/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar - 12, 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

about Jan. 15, 1930, to Mar 12, 1930

I last saw him alive on Mar - 11, 1930, death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Apoplexy

Date of onset

Mar 10 1930

Contributory causes of importance not related to principal cause:

Arteriosclerosis

?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) E. Bowen M. D.

(Address) E. Bowen, Mass Date Mar 14 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL March 15 1930

22 NAME OF UNDERTAKER Charles T. Bennison

ADDRESS Winthrop Mass

Received and filed 3/15/30 1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, as the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gradually employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Cerebral hemorrhage</i>	1921
	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person or whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 40, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, caries, gangrene, gasstritis, erysipelas, meningitis, miasma, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Suffolk

Boston

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 2415-8

PLACE OF DEATH

(County)

Boston

(City or Town)

No. HAYNES MEM HOSPITAL

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME MARSHALL SIMMONS

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

MAR 14, 1930 (Date of WAR)

WINTHROP, MASS.

(a) Residence. No. 45 HIGHLAND AVE

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

SINGLE

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 1 Years 2 Months Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

P. E. ISLAND

13 NAME OF
FATHER

LORNE

14 BIRTHPLACE OF
FATHER (City)

(State or country)

P. E. ISLAND

15 MAIDEN NAME
OF MOTHER

MYRTLE CAMPBELL

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

P. E. ISLAND

17

Informant
(Address)

FATHER

45 HIGHLAND AVE. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

HENRY F. RILEY

(Signature of Agent of Board of Health or other)

3-15-30

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

MAR 14, 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

MAR 14

IM

1930

MAR 14

1930

I last saw him alive on MAR 14, 1930, death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

LARYNGEAL DIPHTHERIA

3-11-30

Contributory causes of importance not related to principal cause:

ACUTE MYOCARDITIS

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

E. C. SMITH

(Signed)

(Address)

Date 3-19-30 M. D.

21 PLACE OF BURIAL

CREMATION OR REMOVAL

WINTHROP, WINTHROP

(Cemetery)

(City or town)

DATE OF BURIAL

MAR 15, 1930

19

22 NAME OF
UNDERTAKER

JOHN F. OMALEY

ADDRESS

Received and filed

MAR 18, 1930

19

A TRUE COPY, ATTEST:

(Registrar)

Mar. 14. 1930



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 49

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

PLACE OF DEATH

Suffolk
(County)

Winthrop

(City or Town)

No. 43 Bellevue Ave

St., Ward {

2 FULL NAME Margaret Peterson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 43 Bellevue Ave

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Female White

Single

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE Years Months Days

If less than 1 day

2 Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City) Winthrop
(State or country) Mass13 NAME OF
FATHER

Walter Peterson

14 BIRTHPLACE OF
FATHER (City)

Somerville Mass

15 MAIDEN NAME
OF MOTHER

Anita Bates

16 BIRTHPLACE OF
MOTHER (City)

East Boston Mass

17

Informant
(Address)Mrs. Bates
43 Bellevue AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHMarch
(Month)18
(Day)1930
(Year)19 I HEREBY CERTIFY, That I attended deceased from
on March 18, 1930 to March 18, 1930I last saw her alive on March 18, 1930, death is said
to have occurred on the date stated above, at 11 P. m.The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Premature Birth - Baby lived
two hours

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? NY

If so, specify

(Signed) Edward J. Frainger, M. D.
(Address) 476 Sturtevant Date 3-19-193021 PLACE OF BURIAL, Holy Cross Malden
CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL

Mar. 19 1930

22 NAME OF
UNDERTAKER

ADDRESS

Received and filed

1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

200, 18, 1930

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on illness. If the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions if any related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof of a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retinal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retinal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 36, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held; or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Brachycephalonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 570

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 43 Bellevue Ave

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Anita Peterson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 43 Bellevue Ave

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop Mass (State or country)

13 NAME OF FATHER Walter Peterson

14 BIRTHPLACE OF FATHER (City) Scituate Mass (State or country)

15 MAIDEN NAME OF MOTHER Anita Bates

16 BIRTHPLACE OF MOTHER (City) East Boston Mass (State or country)

17 Informant Ms. Bates 43 Bellevue Ave (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Carls (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/19/30

18 DATE OF DEATH March 18, 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from on Mar. 18, 1930, to Mar. 18, 1930, death is said

I last saw him alive on Mar. 18, 1930, death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Premature Birth. Baby lived an hour.

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward J. Trauger, M. D.

(Address) 476 S. Quincy Date Mar 19, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or town)

DATE OF BURIAL Mar. 19, 1930 19

22 NAME OF UNDERTAKER John F. O'Neale

ADDRESS Winthrop

Received and filed Mar. 21, 1930

A TRUE COPY, ATTEST:

(Registrar)

Suffolk

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(County)
Boston

(City or town making return)

STANDARD
CERTIFICATE OF DEATHRegistered No. **2643**

PLACE OF DEATH

(City or Town)

No. **PETER BENT BRIGHAM HOSPITAL** St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME **PAUL A. LEPKE**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **95 SHIRLEY**

(Usual place of abode)

St., Ward, **WINTHROP, MASS.**

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M.** 4 COLOR OR RACE **W.** 5 SINGLE MARRIED WIDOWED OR DIVORCED **MARRIED** (write the word)5a If married, widowed, or divorced HUSBAND of **JULIA HORYAY**
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **44** Years **4** Months **16** Days If less than 1 day Hours Minutes8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **BOOKKEEPER**
9 Industry or business in which work was done, as mill, saw mill, bank, etc. **MORGAN FURNITURE STORE**
10 Date deceased last worked at this occupation month and year **DEC 1927** 11 Total time (years) spent in this occupation **25**12 BIRTHPLACE (City) (State or country) **GERMANY**13 NAME OF FATHER **HUGHO LEPKE**14 BIRTHPLACE OF FATHER (City) (State or country) **GERMANY**15 MAIDEN NAME OF MOTHER **MARIE**16 BIRTHPLACE OF MOTHER (City) (State or country) **GERMANY**17 Informant **WIFE**
(Address) **95 SHIRLEY ST. WINTHROP**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

ADRIAN CRAMPTON

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **MAR 19, 1930**
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from **JAN 31**, 19 **30**, **MAR 19**, 19 **30**I last saw him alive on **MAR 19**, 19 **30**, death is said to have occurred on the date stated above, at **3 P.** m.

The principal cause of death and related causes of importance in order of onset were as follows:

SYPHILIS **20 YRS****ANEURYSM OF AORTA**

Contributory causes of importance not related to principal cause:

Name of operation **AUTOPSY** Date of **YES**
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify **C. L. CLAY**, M. D.
(Signed) (Address) **3-20** 19 **30**21 PLACE OF BURIAL, CREMATION OR REMOVAL **WINTHROP, WINTHROP**
(Cemetery) (City or town)DATE OF BURIAL **MAR 22, 1930** 1922 NAME OF UNDERTAKER **F. E. BROWN**

ADDRESS

Received and filed **MAR 24, 1930** 19A TRUE COPY, ATTEST: **James A. Cook** (Registrar)

Mar. 19. 1930

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



Winthrop
(City or town making return)

Suffolk
(County)
Winthrop
(City or Town)
No. 44 Cottage Park Road St., Ward {

STANDARD
CERTIFICATE OF DEATH

Registered No. 152

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Horton Smith

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 44 Cottage Park Road St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 49 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED Married.

5a If married, widowed, or divorced HUSBAND of Carrie Snow
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 49 Years 5 Months 4 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mason
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Contractor)
10 Date deceased last worked at this occupation (month and year) March 19 1930 11 Total time (years) spent in this occupation 10 yrs.

12 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

13 NAME OF FATHER Millard F. Smith

14 BIRTHPLACE OF FATHER (City) Provincetown
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Emma Frances Paine

16 BIRTHPLACE OF MOTHER (City) Winthrop
(State or country) Massachusetts

17 Informant Mrs. Carrie S. Smith
(Address) 44 Cottage Park Road

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William W. Childress
(Signature of Agent of Board of Health or other)

Agent mar 23rd 1930
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 20 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 9:45 am Mar 20, 1930, to 2:00 pm Mar 29, 1930
I last saw him alive on Mar 20, 1930, death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Thrombosis
Cerebral infarction
Pneumonia
Hypertension
Date of onset 3-20-30

Contributory causes of importance not related to principal cause:

Name of operation none Date of none
What test confirmed diagnosis? none Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify Death Date of death Mar 20, 1930
(Signed) (Address) 2 Winthrop Mass. Date Mar 20 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL March 23 1930

22 NAME OF UNDERTAKER Charles T. Bennison
ADDRESS Winthrop Mass.

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

10.1500

EXTRACTS

GOVERNING THE

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, issue a certificate of death, stating to the best of his knowledge and belief the name of the deceased, the age, the disease contracted, the date, defined as required by section one, when the disease commenced, the date, defined as required by section one, when the disease terminated, and the date, defined as required by section one, when the deceased died, and the date, defined as required by section one, when the deceased was buried or interred.

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body

which has not been buried, until he has received a permit from the board of health or its agent.

or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human

from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the burial

is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded.

original intent, by a satisfactory, unaccompanied, in case of a physician, if any, as required by law, or in lieu of a attending physician, as a member provided. If there is no attending physician for sufficient reasons, his certificate cannot be obtained easily for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall

as required by the statute. If the said certificate contains a recital as to the cause of death, the person so recited shall be deemed to have been so recited as required by the statute. The board of health of the town or city in which it has been originally made shall appear upon the permit. The board of health or its agent or agent's representative and certificate, shall forthwith countersign the receipt of such state or county health officer, and transmit the same to the clerk of the town for registration. The person so recited in the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information.

Sec. 45, G. L., as amended.

Date of onset

No undertaker or other person shall bury a human body or the remains thereof which have been brought into the commonwealth until the clerk of the town where the body is deposited has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or from the selectmen or board of the town where the body is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 40, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipels, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

BOSTON

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered 2755 53

PLACE OF DEATH
1

(County)

(City or Town)

No. MASS. EYE & EAR INFIRMARY St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

HELEN FREEMAN

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

WAR)

WINTHROP MASS.

(a) Residence. No.

54 CUTLER

St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE (write the word)

MARRIED
WIDOWED
OR DIVORCED

MARRIED

5a If married, widowed or divorced

HUSBAND OF WIFE OF HARRY FREEMAN

(Give maiden name of wife in full)

(or) NAME of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 33 Years 7 Months 18 Days If less than 1 day
Hours Minutes

OCCUPATION!

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

AT HOME

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

FEB 1930

11 Total time (years) spent in this occupation 8

12 BIRTHPLACE (City) (State or country)

BEACHMONT
MASS.

13 NAME OF FATHER

MORRIS GREENBAUM

14 BIRTHPLACE OF FATHER (City) (State or country)

POLAND

15 MAIDEN NAME OF MOTHER

SARAH MANUS

16 BIRTHPLACE OF MOTHER (City) (State or country)

BOSTON

MASS.

17

Informant (Address)

HARRY FREEMAN
54 CUTLER ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

H. F. RILEY

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3-24-30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

MAR 24, 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

MAR 20

1930 to

MAR 24

1930

I last saw her alive on MAR 24, 1930 death is said

to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

LEFT OTITIS MEDIA
MENINGITIS

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? CLINICAL Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. J. TEGELBERG

(Address)

Date 3-24 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL OHABEI SHALOM, E. BOSTON

(Cemetery)

(City or town)

DATE OF BURIAL

MAR 26, 1930

1930

22 NAME OF UNDERTAKER B. F. SOLOMON

ADDRESS

Received and filed

MAR 27 1930

1930

A TRUE COPY, ATTEST:

(Registrar)

Mar. 24. 1930

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Winthrop
(City or town making return)

Registered No. 54

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 26 Atlantic St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Jacob Morse
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 26 Atlantic St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 38 yrs. x mos. x days. How long in U. S., if of foreign birth? 55 yrs. x mos. x days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed or divorced, HUSBAND of Sarah Ann Caldwell
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 78 Years 0 Months 8 Days If less than 1 day
Hours x Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repair Man
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawn Mowers
10 Date deceased last worked at this occupation (month and year) Mar. 1930 11 Total time (years) spent in this occupation 12 yrs.

12 BIRTHPLACE (City) Lunenburg County
(State or country) N. S.

13 NAME OF FATHER John J. Morse (Maas)

14 BIRTHPLACE OF FATHER (City) Lunenburg County
(State or country) N. S.

15 MAIDEN NAME OF MOTHER Sophia Feiner

16 BIRTHPLACE OF MOTHER (City) Lunenburg County
(State or country) N. S.

17 Informant Mrs. Sarah Ann Caldwell
(Address) 26 Atlantic St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/24/30
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar. 24 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
Mar. 19, to Mar. 24, 1930
I last saw him alive on Mar. 24, 1930, death is said

to have occurred on the date stated above, at 5:54 AM

The principal cause of death and related causes of importance in order of onset were as follows:

Natural Causes
Probably Angina pectoris 1 hour
Chronic Nephritis 1 year

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B Parker

(Signed) (Address) White Road 7 North Date Mar 24 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove - Lynn
(Cemetery) (City or town)

DATE OF BURIAL Wed. Mar. 20 1930

22 NAME OF UNDERTAKER H. L. Richardson

ADDRESS 48 Lafayette Park - Lynn

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

Mar. 24, 1930

25

GOVERNING THE

A physician or registered hospital medical officer shall furnish, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, a certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 40, Sec. 9.*

n. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose

No undertaker or other person shall bury or otherwise dispose

No undertaker or other person shall bury or otherwise dispose

No undertaker or other person shall bury or otherwise dispose

No undertaker or other person shall bury or otherwise dispose

No undertaker or other person shall bury or otherwise dispose

No undertaker or other person shall bury or otherwise dispose

Date of onset

1015

1021

July 5, 1927

May 3, 1927

May 3, 1924

No undertaker or other person shall bury or otherwise dispose

n. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose

Sec. 45, G. L., as amended.

Violence... Gen. Laws, Chap. 38, Sec. 6.

death.—Gen. Laws, Chap. 38, Sec. 7.

6. 46, G. L., as amended.

6. 46, G. L., as amended.

primary": if secondary, give primary cause.

Janus.

BOSTON

BOSTON

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 2825

PLACE OF DEATH

(County)

Boston

(City or Town)

No. MASS. GEN HOSPITAL

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

ALICE BOYD

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

27 THORNTON

St.,

Ward,

WINTHROP, MASS.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

MARRIED

5a If married, widowed, or divorced

HUSBAND of

AUGUSTUS

(Husband's name in full)

(or) WIFE of

6 IF STILLBORN, enter that fact here.

7

AGE 22 Years 4 Months 27 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

AT HOME

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

JAN 1930

11 Total time (years) spent in this occupation

1 YR

12 BIRTHPLACE (City) (State or country)

BOSTON

MASS.

13 NAME OF FATHER

JAMES S. MC LAREN

14 BIRTHPLACE OF FATHER (City) (State or country)

MONTAGUE

P. E. ISLAND

15 MAIDEN NAME OF MOTHER

LILLIAN C. TERRELL

16 BIRTHPLACE OF MOTHER (City) (State or country)

BOSTON

MASS.

17 Informant (Address)

HUSBAND

27 THORNTON ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A. E. CRAMPTON

(Signature of Agent of Board of Health or other)

3-26-30

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

MAR 26, 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

MAR 22

19 30, to

MAR 26

19 30

I last saw him alive on MAR 26, 19 30, death is said

to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

OTITIS MEDIA

5 WKS

ACUTE MASTOIDITIS

Contributory causes of importance not related to principal cause:

SEPTICEMIA AND EMPYEMA

1 WK

Name of operation THORACTOMY

Date of 3-24

What test confirmed diagnosis? AUTOPSY Was there an autopsy? YES

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. C. BAKER

(Address)

Date 3-28 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL

WINTHROP CEM

WINTHROP

(Cemetery)

(City or town)

DATE OF BURIAL

MAR 28, 1930

19

22 NAME OF UNDERTAKER

R. C. KIRBY

ADDRESS

Received and filed

MAR 28, 1930

19

A TRUE COPY, ATTEST:

ASST. (Registrar)

Mar. 26, 1930

Suffolk



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 2921

PLACE OF DEATH

(County)

Boston

(City or Town)

No. BOSTON CITY HOSPITAL St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

JAMES L REYNOLDS

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 104 LOCUST ST. Ward, WINTHROP, MASS.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

MARRIED

5a If married, widow, or divorced
HUSBAND of

MARGARET PARKINSON

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

LABORER

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

LYNN REVERE RAILROAD

10 Date deceased last worked at
this occupation (month and
year)

MAR 21, 30

11 Total time (years)
spent in this
occupation

8 MTHS

12 BIRTHPLACE (City)
(State or country)

BOSTON

MASS.

13 NAME OF
FATHER

WILLIAM

14 BIRTHPLACE OF
FATHER (City)

HOLTON

(State or country)

MAINE

15 MAIDEN NAME
OF MOTHER

PHEBE NUTTING

16 BIRTHPLACE OF
MOTHER (City)

HOLTON

(State or country)

MAINE

17

Informant
(Address)MRS. MARGARET REYNOLDS
244 W. THIRD ST. SO. BOSTONI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

A. E. CRAMPTON

(Signature of Agent of Board of Health or other)

3-29-30

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

MAR 27, 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

MAR 25

19 30

MAR 27

19 30

I last saw him alive on MAR 27, 19 30, death is said

to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

LOBAR PNEUMONIA

3 DYS

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? AUTOPSY Was there an autopsy? YES

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. S. BRODERICK

M. D.

(Address)

Date 3-28 19 30

21 PLACE OF BURIAL,
CREMATION OR REMOVAL MT. BENEDICT, BOSTON

(Cemetery)

(City or town)

DATE OF BURIAL

MAR 31, 1930

19

22 NAME OF
UNDERTAKER

THOMAS F. BRADY

ADDRESS

Received and filed

APRIL 1, 1930

19

A TRUE COPY, ATTEST:

ASST.

(Registrar)

17, 542

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

(City or town)

1 PLACE OF DEATH

County

Suffolk

State Massachusetts

Registered No.

57

City or Town

Winthrop

No.

67 Cottage Ave

St.,

Ward

(If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME

William Henry Hill, Jr

(If U. S. War Veteran, specify WAR)

(a) Residence.

No. Winthrop 64 Prospect Ave

St.,

Ward.

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred 4 yrs. — mos. — days How long in U. S., if of foreign birth? yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED,

or DIVORCED (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Margaret Lathorn Hill

6 AGE

Years

5-1

Months

4

Days

5

If less than
1 day.....hrs.
or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Automobile Mechanic

(b) Name of employer

Out of work 6 Months

8 BIRTHPLACE (City)

(State or country)

Grafton Ill

9 NAME OF
FATHER

Wm H Hill Sr

10 BIRTHPLACE OF
FATHER (City)

Delphic

(State or country)

New York

11 MAIDEN NAME
OF MOTHER

Jessie Veitch

12 BIRTHPLACE OF
MOTHER (City)

Grafton Ill

(State or country)

13

Informant

Wife

(Address)

64 Prospect Ave Winthrop

14

Filed

Mar. 31 30

(Month) (Day) (Year)

REGISTRAR

20 Burial permit

issued by

Wm. D. Childress

Official

position

Health Officer

21 Date of

3/30/30

issue.

Permit

No.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH

March 27

(Month)

(Day)

1930

(Year)

16 I HEREBY CERTIFY that I have made examination of the dead body of the person above named and that to the best of my knowledge and belief the CAUSE AND MANNER of death are as follows: (If an injury was involved, state fully)

Natural Cause: Presumably
cardio-vascular disease
(Coronary Artery)

[Sudden Death]

(See reverse side for description for unknown person)

17 In what City or town
was injury sustained?

(Signed)

J. J. Hayes, M.D.

M. D.

(Address)

Medical Examiner for

Date

March 27

(Month)

(Day)

1930

(Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

March 30/30

(Month) (Day) (Year)

19 UNDERTAKER

Walter J. White

ADDRESS

Winthrop

OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any

other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . .—*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

. . . A medical examiner has no right to delay filing the certificate referred to (death certificate) until judicial inquiries have been concluded and certified, . . . —Extract from Opinion of the Attorney General, July 29, 1926.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause* the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Suffolk

(County)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

PLACE OF DEATH

Boston

(City or Town)

No. Carney Hospital

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 191

2 FULL NAME Female Dempsey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 19 Bates Avenue

St., Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

Stillborn

7

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION.

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

So. Boston

(State or country)

Mass.

13 NAME OF FATHER

James J. Dempsey

14 BIRTHPLACE OF FATHER (City)

Middletown

(State or country)

Conn.

15 MAIDEN NAME OF MOTHER

Marion R. Murphy

16 BIRTHPLACE OF MOTHER (City)

Augusta

(State or country)

Me.

17

Informant (Address)

J. J. Dempsey

Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A. E. C.

(Signature of Agent of Board of Health or other)

March 28, 1930

(Official Designation)

(Date of Issue of Permit)

APR. 5, 1930

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

March

27,

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw him alive on, 19, death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Premature

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. Zibel, M. D.

(Address) Carney Hospital Date 3/27/1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL March 29, 1930

22 NAME OF UNDERTAKER J. F. O'Malley

ADDRESS Winthrop, Mass.

Received and filed March 29, 1930

A TRUE COPY, ATTEST: James J. Dempsey (Registrar)

Mar. 27, 1930

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHWinthrop
(City or town making return)

Registered No. 58

PLACE OF DEATH

No. 214 Shirley St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Harris Baron

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 214 Shirley St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. days. How long in U. S., if of foreign birth? 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Male 4-COLOR OR RACE White 5-SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tonic Man
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10 Date deceased last worked at this occupation (month and year) 1/15 11 Total time (years) spent in this occupation 4012 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Jacob Baron

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Etta Carmichael

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)17 Informant Henry Baron
(Address) 5 Central Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/28/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 28 1930
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Mar 28, 1930
I last saw him alive on Mar 28, 1930, death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

myocarditis

Contributory causes of importance not related to principal cause:

senile arteriosclerosis

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) J. H. Brown, M. D. (Address) 17 Central St. Date 3/8 193021 PLACE OF BURIAL, CREMATION OR REMOVAL Chel Jacob C. Winthrop (Cemetery) (City or town)
DATE OF BURIAL MAR 28 193022 NAME OF UNDERTAKER Name of Undertaker
ADDRESS 17 Central St. Boston

Received and filed 19

A TRUE COPY, ATTEST: (Registrar)

Mar. 28. 1930

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose

which has not been buried until he has received a Detroit

which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits

or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human

body and move it from a town to another cemetery, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body

is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an

physician, any as required by law, or in lieu thereof a certificate as a physician provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal

as regularly section ten or chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any service, whether in the line of duty or otherwise, and that the deceased was entitled to the benefits of the pension laws of the United States. The board of health is authorized to make application to the clerk of the town for registration, and to transmit the permit and certificate, shall forthwith controversy it and if it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall therefor furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause

Example

Date of onset

1075

1021

July 5, 1927

[illegible]

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Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 57PLACE OF DEATH
1Suffolk
(County)Winthrop
(City or Town)No. 292 Pleasant StSt., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME John J. Fallon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 292 Pleasant

(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)5a If married, widowed, or divorced HUSBAND of Mary Laffey
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years Months Days If less than 1 day Hours MinutesOCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marine Merchant
10 Date deceased last worked at this occupation (month and year) 1920 11 Total time (years) spent in this occupation Unknown12 BIRTHPLACE (City) (State or country) Ireland13 NAME OF FATHER Patrick Fallon14 BIRTHPLACE OF FATHER (City) (State or country) Ireland15 MAIDEN NAME OF MOTHER Mary -- Unknown16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland17 Informant Mrs. Mary Fallon
(Address) 292 Pleasant St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 3/29/30
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 28 1930
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1926, to Mar 28, 1930I last saw him alive on March 27, 1930, death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cancer - (Prostate) Date of onset 1928

Contributory causes of importance not related to principal cause:

arterio-sclerosisName of operation Date of
What test confirmed diagnosis? Was there an autopsy?20 Was disease or injury in any way related to occupation of deceased? Yes
If so, specify
(Signed) Edward J. Francis, M. D.
(Address) 47, Sturkey St. Date March 29, 193021 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)DATE OF BURIAL Mar 31 19 3022 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop, Mass.

Received and filed 19

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." Do not make a more precise statement of the occupation can be secured. When a person is engaged in a trade, profession, or business, avoid the use of such general terms as "mechanic," but give the exact occupation, as *car painter*, *joiner*, *woodworker*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Arteriosclerosis</i>	Date of onset
.....	1915
<i>Chronic interstitial nephritis</i>	.....
.....	1921
<i>Cerebral hemorrhage</i>	.....
.....	July 5, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	.....
.....
<i>Automobile accident</i>	.....
.....	May 3, 1927

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died, and no undertaker or other person shall exhume a human person dead, and no undertaker from one cemetery to another, or body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate, of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retical as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for each surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chilblains, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**



Tewksbury, Mass.
(City or town making return)

Registered No. **85-137**

1 PLACE OF DEATH
Middlesex
(County)
Tewksbury, Mass.
(City or Town)

No. **State Infirmary** St. **Ward** { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Anastasia Regina Kohler**
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. **Winthrop** St. **Ward**
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. **13** days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE MARRIED WIDOWED or DIVORCED **Widowed** (write the word)

5a If married, widowed, or divorced
HUSBAND of **Joseph Kohler** (Give maiden name of wife in full)
(or) WIFE of **Joseph Kohler** (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **87** Years **2** Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) **Not learned**
(State or country) **Germany**

PARENTS 13 NAME OF FATHER **Joseph Kast**
14 BIRTHPLACE OF FATHER (City) **Not learned**
(State or country) **Germany**
15 MAIDEN NAME OF MOTHER **Walbeya Leiberlich**
16 BIRTHPLACE OF MOTHER (City) **Not learned**
(State or country) **Germany**

17 **Hospital records**
Informant (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

John H. Nichols, Supt.
(Signature of Agent of Board of Health or other)

March 28, 1930
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **March 28, 1930**
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from **Mar. 15** **1930** to **March 28**, **1930**
I last saw her alive on **March 28**, **1930**, death is said to have occurred on the date stated above, at **6.05A** m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocarditis **+Yrs**

Contributory causes of importance not related to principal cause:

Name of operation **Physical** Date of **No**
What test confirmed diagnosis? **Physical** Was there an autopsy? **No**

20 Was disease or injury in any way related to occupation of deceased?
If so, specify **Nely C. Hameister**, M. D.
(Signed) (Address) **March 28, 1930**

21 PLACE OF BURIAL, CREMATION OR REMOVAL **Winthrop - Winthrop**
(City or town) **Winthrop**
DATE OF BURIAL **March 30**, **1930**

22 NAME OF UNDERTAKER **C. R. Bennison**
ADDRESS **147 Winthrop St. Winthrop**

Received and filed **March 28**, **1930**
John H. Nichols, Supt.

A TRUE COPY, ATTEST: **MAY 20 1930** Registrar

Wanda N. Kotler
Mar. 28. 1930

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 60

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 235 Washington Ave St., 3 Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

William John Reardon
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 235 Washington Ave St., 3 Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 20 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Fern Bunce
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 10 Months 8 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. University Books
10 Date deceased last worked at this occupation (month and year) Feb-1930 11 Total time (years) spent in this occupation _____

12 BIRTHPLACE (City) Ayer (State or country) Mass

13 NAME OF FATHER John Reardon

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Bridget Mc Mahan

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Wife Fern Reardon (Address) Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/2/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 31 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 3, 1930, to March 30, 1930.
I last saw him alive on March 30, 1930, death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

myocarditis

Date of onset

3-3-30

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify Edward J. Frainger M. D.
(Signed) 476 Shirley St (Address) Date 3-31 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass
(City or town)

DATE OF BURIAL April 2 1930

22 NAME OF UNDERTAKER Walter J. White
ADDRESS Winthrop Mass

Received and filed _____ 19 _____

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Mar. 31. 1930.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, *and* *housekeeper*—*private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asbestosis, etc. As principal cause, name the disease or injury, causing death, as related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Principal cause</i> <i>Atherosclerosis</i>	1915
<i>Contributory causes</i> <i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed cause, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a venial as required by section ten of chapter forty-six, that the deceased as served in the army, navy or marine corps of the United States in any war in which it has been engaged, such venial shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign the permit and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 22

1 PLACE OF DEATH

Suffolk
County
Wilmington
(City or Town)

No. 1 Shirley St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 1 Shirley St. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 89 Years Months Days If less than 1 day Hours Minutes

OCCUPATION! 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER Cannot be learned

14 BIRTHPLACE OF FATHER (City) (State or country) Cannot be learned

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country) Cannot be learned

17 Informant (Address) Mrs. Lancy Shirley St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) W. M. D. Childers
(Official Designation) Health Officer (Date of Issue of Permit) 4/3/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 2 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 6 1930, to April 2 1930

I last saw him alive on April 1 1930, death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Cardiac Renal Disease many years duration

Contributory causes of importance not related to principal cause:

Arterio sclerosis

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Cecile E. Johnson, M. D. (Address) 123 Chestnut St. Date April 19 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington North (Cemetery) (City or town)

DATE OF BURIAL April 14 1930

22 NAME OF UNDERTAKER John J. May

ADDRESS 109 Atlantic St.

Received and filed April 16 1930

A TRUE COPY, ATTEST:

(Registrar)

Mar. 19 1880

FROM THE LAWS OF THE

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forth with, after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 10, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Sen. Laws Chap. 40, Sec. 9.*

Gen. Laws, Chap. 46, Sec. 9.

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Statement of cause of disease—Cause of death means the disease, injury, or complication which causes death, not the mode of dying. *e. g.*, heart failure, asphyxia, asthenia, etc. As *remote* causes name the disease or injury causing death. *As related* causes name the morbid conditions if any, related to the principal cause and earlier important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

The principal cause of death and related causes of importance in order of onset were as follows:

Automobile accident

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A **physician or registered hospital medical officer** shall forth with, after the death of a person whom he has attended during his last illness, or at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section 10, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Sen. Laws Chap. 40, Sec. 9.*

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or if insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician.

If death is caused by violence, the medical examiner shall

make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereupon furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38 Sec. 6.*

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body until he has received a permit so to do from the board of health or its agent, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 56, G. L., as amended.*

State cause for which

State cause for which surgical operation was undertaken.
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

Winthrop
(City or town making return)

Registered No. 63

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 345 Winthrop

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ethel W. Nickerson

{ (If U. S. War Veteran, specify WAR) World War.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 345 Winthrop

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 7 yrs. 3 mos.

days. How long in U. S., if of foreign birth? 45 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Flora S. Peterson (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years 2 Months 22 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Mariner

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) Jan 1930

11 Total time (years) spent in this occupation 35 1/2

12 BIRTHPLACE (City) Cuba (State or country) N. S.

13 NAME OF FATHER James Nickerson

14 BIRTHPLACE OF FATHER (City) Cuba (State or country) N. S.

15 MAIDEN NAME OF MOTHER Susan Malone

16 BIRTHPLACE OF MOTHER (City) Cuba (State or country) N. S.

17 Informant Flora S. Nickerson (Address) 345 Winthrop St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress (Signature of Agent of Board of Health or other)

Health Officer 4/3/30 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Apr. 2 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1925, to 4/2, 1930

I last saw him alive on April 2, 1930, death is said to have occurred on the date stated above, at 2:45 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Angina Pectoris 2/10/25

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Chest Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No If so, specify T. W. Layton (Signed) Winthrop (Address) Date 4/3 1930 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop Mass (Cemetery) (City or town) DATE OF BURIAL April 6 1930

22 NAME OF UNDERTAKER James A. Gaudery ADDRESS 31 Summer St. Everett

Received and filed 4/3/30 19

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As principal cause, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town from one cemetery to another, or from one grave or tomb other than the receipt of another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, by law to be returned and recorded, which shall be accompanied, in the case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia; If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, albuminuria, childbirth, convulsions, hemorrhage, gangrene, gonorrhea, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

State Infirmary

Tewksbury, Mass.

(City or town making return)

Registered No. 167 83

PLACE OF DEATH

Middlesex

(County)

Tewksbury, Mass.

(City or Town)

No. State Infirmary

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Crossman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

(Usual place of abode)

St., Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 5 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

Single

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 80

Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Green

(State or country)

Maine

13 NAME OF FATHER

Daniel Crossman

14 BIRTHPLACE OF FATHER (City)

Not learned

(State or country)

Maine

15 MAIDEN NAME OF MOTHER

Harriet (Not learned)

16 BIRTHPLACE OF MOTHER (City)

Not learned

(State or country)

Maine

17

Informant (Address)

Hospital Records

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

John H. Nichols, Supt.

(Signature of Agent or Board of Health or other)

April 12, 1930

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 12, 1930

(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 7, 1930 to April 12, 1930

I last saw her alive on April 12, 1930, death is said to have occurred on the date stated above, at 7.15 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis

+ Yrs.

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nelly C. Hameister, M. D.

(Address) State Infirmary Date 4/12 19 30

21 PLACE OF BURIAL, CREMATION or REMOVAL Riverside - Lewiston, Me.

(Cemetery)

(City or town)

DATE OF BURIAL April 15, 19 30

22 NAME OF UNDERTAKER C. R. Bennison

ADDRESS Winthrop, Mass.

April 12, 1930

Received and filed.

A TRUE COPY, ATTEST.

MAY 20 1930

Apr. 2. 1930.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Chelsea
(City or town making return)

Registered No. 22464

Suffolk
(County)

Chelsea
(City or Town)

No. Memorial Hospital

St.,

Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME John Murphy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 66 Centre
(Usual place of abode)

St., Winthrop
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED or DIVORCED single (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days If less than 1 day 3 Hours 40 Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Chelsea, Mass.
(State or country)

13 NAME OF FATHER John O.

14 BIRTHPLACE OF FATHER (City) East Boston, Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Margaret D. Downing

16 BIRTHPLACE OF MOTHER (City) East Boston, Mass.
(State or country)

17 Informant John O. Murphy
(Address) 66 Centre St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Mary E. Regan

Clerk (Signature of Agent of Board of Health) Apr. 7, 1930

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Apr. 4, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 4-4-30, 19, 10.20 A.M. 19

I last saw him alive on 2 p.m., 19, death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Intra uterine
Asphyxiation.

Contributory causes of importance not related to principal cause:

Lungs full of fluid.

Name of operation none Date of fluid exposed What test confirmed diagnosis Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Dr. C.O. Naven (Signed) Somerville M. D. Date 4/5/30

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden
(Cemetery) (City or town)

DATE OF BURIAL Apr. 7, 1930 19

22 NAME OF UNDERTAKER N.J. Kelly
ADDRESS 11 Meridian St. E.B.

Apr. 7, 1930 Received and filed 19

A TRUE COPY, ATTEST APR 11 1930 (Registrar)

Apr. 4, 1930.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Winthrop
(City or town making return)

Registered No. 15

1 PLACE OF DEATH *suffolk* (County)
Winthrop (City or Town)
No. *507 Pleasant* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Margaret Furlong*
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. *507 Pleasant* St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED *Widowed* (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of *Henry Furlong* (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *58* Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) *1925* 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) *Boston* (State or country) *Mass*

13 NAME OF FATHER *Unknown* *Caranough*

14 BIRTHPLACE OF FATHER (City) *Ireland* (State or country)

15 MAIDEN NAME OF MOTHER *Unknown* *Kiley*

16 BIRTHPLACE OF MOTHER (City) *Ireland* (State or country)

17 Informant *Irving Furlong* (Address) *58 Spring St Cambridge*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *4/17/30* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *4* (Month) *4* (Day) *30* (Year)

19 I HEREBY CERTIFY, That I attended deceased from *1-1*, 19*30*, to *4-4*, 19*30*.
I last saw him alive on *4-4*, 19*30*, death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Edema of lungs Date of onset *4/1/30*

Contributory causes of importance not related to principal cause:

Cerebral haemorrhage 19*27*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *Harvey at Elly*, M. D.
(Signed) *200 Pleasant* (Address) Date *4/5-1930*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Holy Cross Malden* (City or town)
DATE OF BURIAL *April 7* (Cemetery) 19*30*

22 NAME OF UNDERTAKER *John F. O'Malley*
ADDRESS *Winthrop, Mass*

Received and filed *April 16*, 19*30*

A TRUE COPY, ATTEST:

(Registrar)

Dec. 4. 1930.

EXTRACTS

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of any undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, the date of the disease of which he died, defined as required by law, when the same was contracted, the duration of his last illness, upon one, where same was contracted, the duration of his last illness, when one, and the date of his death, and the date of his death.

26. 9.

No undertaker or other person shall bury or otherwise dispose

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body

which has not been buried, until he has received a permit from

the board of health or its agent appointed to issue such permits,

or if there is no such board, from the clerk of the town where the

erson died; and no undertaker or other person shall exhume a human

body and remove it from a town, from one cemetery to another, or

from one grave or tomb other than the receiving tomb to another in the

same cemetery until he has received a permit from the board of health.

or its agent aforesaid or from the clerk of the town where the bed-

No such permit shall be issued until there shall have been

as herein, no such permit shall be issued until there shall have been delivered to such board a sum not less than \$4000.

unlevered to such board, agent or clerk, as the case may be, a satis-

factory written statement containing the facts required by law to

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 287

PLACE OF DEATH

Suffolk
(County)
Dorchester
(City or Town)
No. 424 St., Dorchester Ward {(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Jose S. Silva

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)5a If married, widowed, or divorced HUSBAND of Mary D. Malto (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 18 Years 11 Months 2 Days If less than 1 day Hours MinutesOCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship - Shore 10 Date deceased last worked at this occupation (month and year) 1930 11 Total time (years) spent in this occupation 1012 BIRTHPLACE (City) Portugal (State or country)13 NAME OF FATHER Unknown14 BIRTHPLACE OF FATHER (City) Portugal (State or country)15 MAIDEN NAME OF MOTHER Unknown16 BIRTHPLACE OF MOTHER (City) Portugal (State or country)17 Informant Mrs. Hortense Pereira (Address) 424 Dorchester St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/2/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 6 1930 (Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from March 26 to February 7, 1930I last saw him alive on Feb 7, 1930, death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Anterior Myocardial Infarction
Coronary Atherosclerosis

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no20 Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) no M. D.(Address) 16 Date April 7 193021 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery (Cemetery) (City or town)DATE OF BURIAL April 7 193022 NAME OF UNDERTAKER ReillyADDRESS 16Received and filed April 7 1930

A TRUE COPY, ATTEST:

(Registrar)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

State Infirmary
Tewksbury, Mass.
(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 16284

1 PLACE OF DEATH

Middlesex

(County)

Tewksbury, Mass.

(City or Town)

No. State Infirmary

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eddy Bryant

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

(Usual place of abode)

St., Ward, Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 5 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Florence Dearing
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 55 Years 11 Months 5 Days If less than 1 day Hours Minutes

OCCUPATION! 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Raymond's Stores 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 8

12 BIRTHPLACE (City) Taunton
(State or country) Mass.

13 NAME OF FATHER Hilliard Bryant

14 BIRTHPLACE OF FATHER (City) Taunton
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Emma Clapp

16 BIRTHPLACE OF MOTHER (City) Brighton
(State or country) Mass.

17 Hospital Records

Informant
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Hohn H. Nichols, Supt.
(Signature of Agent of Board of Health or other)

April 9, 1930

(Official Designation) MAY 20 1930 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 8, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 3, 1930 to April 8, 1930

I last saw him alive on April 8, 1930, death is said to have occurred on the date stated above, at 5.40 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage + Da.

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Autopsy Yes Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify E. J. M. Dickson, M. D.
(Signed) State Infirmary Date 4/9 1930
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop - Winthrop
(Cemetery) (City or town) April 13, 1930
DATE OF BURIAL

22 NAME OF UNDERTAKER Walter T. White
ADDRESS 151 Pleasant St. Winthrop
April 9, 1930

Received and filed April 9, 1930

A TRUE COPY, ATTEST: MAY 20 1930

April 8. 1930

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

1 PLACE OF DEATH
(County)
Boston
(City or Town)
No. **PETER BENT BRIGHAM HOSPITAL** St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **JEFFERSON W. GROVER**
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. **16 WASHINGTON AVE.** St. Ward, **WINTHROP, MASS.**
(Usual place of abode)
(If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **M.** 4 COLOR OR RACE **W.** 5 SINGLE **WIDOWED** (write the word)
WIDOWED

5a If married, widowed, or divorced
HUSBAND of **CLARA M. PADDLEFORD**
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE **79** Years **3** Months **29** Days If less than 1 day
Hours Minutes

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **AGENT INSURANCE CO.**
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) **APRIL 1929** 11 Total time (years) spent in this occupation **50**

12 BIRTHPLACE (City)
(State or country) **NEW YORK**

13 NAME OF FATHER **CANNOT BE LEARNED**

14 BIRTHPLACE OF FATHER (City)
(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)
(State or country)

17 Informant **MRS. PETER GAFFNEY**
(Address) **4 WASHINGTON AVE. WINTHROP**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A. E. CRAMPTON
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) **4-10-30**

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **APRIL 9, 1930**
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **MAR 20**, 19**30** to **APRIL 9**, 19**30**
I last saw him alive on **APRIL 9, 1930**, death is said to have occurred on the date stated above, at **2 A.** m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

CARCINOMA OF PROSTATE
BRONCHO PNEUMONIA **36 HRS**

Contributory causes of importance (not related to principal cause):

Name of operation **CYSTOTOMY** Date of **3-25**
What test confirmed diagnosis? **AUTOPSY** Was there an autopsy? **YES**

20 Was disease or injury in any way related to occupation of deceased?
If so, specify **C. L. CLAY**
(Signed) (Address) Date **4-9** 19**30** M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL **FOREST HILLS CREM.**
(Cemetery) (City or town)
DATE OF BURIAL **APRIL 11, 1930** 19**30**

22 NAME OF UNDERTAKER **R. C. KIRBY**
ADDRESS
APRIL 12, 1930

Received and read **Henry L. Daily** 19**30**

A TRUE COPY, ATTEST:

(Registrar)

000
Apr. 9. 1930.

Suffolk

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 3362 18

PLACE OF DEATH

(County)

(City or Town)

No. MASS. GEN HOSPITAL

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME ROSE P. PHIPPS

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR

(a) Residence. No. 304 PLEASANT

(Usual place of abode)

St.,

Ward,

WINTHROP, MASS.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

HARRY S.

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 50 Years 7 Months 6 Days If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

JEWELRY CLERK

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)

FEB 1, 1930

11 Total time (years)
spent in this
occupation

6

12 BIRTHPLACE (City)

BOSTON

(State or country)

MASS.

13 NAME OF
FATHER

JAMES T. KNOWLES

14 BIRTHPLACE OF
FATHER (City)

CENTER HARBOR

(State or country)

N. H.

15 MAIDEN NAME
OF MOTHER

ELIZABETH DOHERTY

16 BIRTHPLACE OF
MOTHER (City)

HUNTER POINT

(State or country)

N. Y.

17

Informant
(Address)MARION E. PHIPPS
304 PLEASANT ST. WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

A. E. CRAMPTON

(Signature of Agent of Board of Health or other)

(Official Designation)

APRIL 10, 1930

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

APRIL 10, 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

APRIL 5

1930

to APRIL 10

, 1930

I last saw him alive on APRIL 10, 1930, death is said

to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance in order of
onset were as follows:

ACUTE YELLOW ATROPHY

3 MTHS

Date of onset

Contributory causes of importance not related to principal cause:

CHRONIC NEPHRITIS

3 MTHS

ASCITES

Name of operation CHOLECYSTECTOMY

Date of 2-7-30

What test confirmed diagnosis? Was there an autopsy? YES

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. FRANKLIN WOOD

(Address)

Date 4-10 1930

21 PLACE OF BURIAL,
CREMATION OR REMOVAL WINTHROP, WINTHROP

(Cemetery)

(City or town)

DATE OF BURIAL

APRIL 13, 1930

19

22 NAME OF
UNDERTAKER C. R. BENNISON

ADDRESS

Received and filed

APRIL 12, 1930

19

A TRUE COPY, ATTEST:

(Registrar)

Apr. 10. 1930

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



LUGAN

PLACE OF DEATH

(County)

Boston

(City or Town)

No. CARNEY HOSPITAL

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 3374 69

2 FULL NAME

MARY E. FULGER

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 7 LOCUST

St., Ward, WINTHROP, MASS.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE

MARKED
WIDOWED
or DIVORCED

(write the word)

MARRIED

5a If married, widowed, or divorced

HUSBAND of

(Maiden name of wife in full)

(or) WIFE of

DOMENIC

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

43

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

AT HOME

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

APR 1930

Total time (years) spent in this occupation

10

12 BIRTHPLACE (City)

WINTHROP

(State or country)

MASS.

13 NAME OF FATHER

PATRICK COUGHLIN

14 BIRTHPLACE OF FATHER (City)

BRIDGEWATER

(State or country)

MASS.

15 MAIDEN NAME OF MOTHER

EVELYN KAY

16 BIRTHPLACE OF MOTHER (City)

NOVA SCOTIA

(State or country)

17

Informant

(Address)

HUSBAND

7 LOCUST ST. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A. SULLIVAN

(Signature of Agent of Board of Health or other)

4-10-30

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

APRIL 10, 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

APRIL 9

19 30

APRIL 10

19 30

I last saw him alive on APRIL 10, 1930, death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

LOBAR PNEUMONIA

4-7-30

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A. M. STIFFLE

M. D.

(Address)

Date 4-10-19 30

21 PLACE OF BURIAL, CREMATION OR REMOVAL

CALVARY, BROCKTON

(Cemetery)

(City or town)

DATE OF BURIAL

APRIL 14, 1930

19

22 NAME OF UNDERTAKER

C. M. HICKEY

ADDRESS

Received and filed

APRIL 14, 1930

19

A TRUE COPY, ATTEST:

(Registrar)

Copy, 10. 1930.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 3434

PLACE OF DEATH

(County)

(City or Town)

No. PETER BENT BRIGHAM HOSPITAL

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

ANTONIO P BUFFA

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

38 BANKS ST

St., Ward,

WINTHROP, MASS.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

MARRIED

5a If married, widowed, or divorced

HUSBAND of

DOMENICA PESCE

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 49 Years 11 Months 30 Days If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

WAITER

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

O. MANGINI

10 Date deceased last worked at this occupation (month and year)

JAN 11, 1930

11 Total time (years) spent in this occupation.

25

12 BIRTHPLACE (City)

(State or country)

ITALY

13 NAME OF FATHER

UNKNOWN

14 BIRTHPLACE OF FATHER (City)

(State or country)

ITALY

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

ITALY

17

Informant (Address)

WIFE

38 BANKS ST. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

HENRY F. RILEY

(Signature of Agent of Board of Health or other)

4-12-30

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

APRIL 11, 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from JAN 13 1930 to APRIL 11 1930

I last saw him live on APRIL 11, 1930, death is said to have occurred on the date stated above, at 9 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

LUNG ABSCESSSES
LOCAL PLEURITIS

WEEKS ?

Contributory causes of importance not related to principal cause:

CIRRHOSIS OF LIVER

MONTHS ?

Name of operation RESECTION

Date of 3-20

What test confirmed diagnosis? AUTOPSY Was there an autopsy YES

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

C. L. CLAY

(Address)

Date 4-11-30

21 PLACE OF BURIAL, CREMATION OR REMOVAL ST MICHAELS, BOSTON

(Cemetery)

(City or town)

DATE OF BURIAL

APRIL 13, 1930

19

22 NAME OF UNDERTAKER M. J. PORCELLA

ADDRESS

Received and filed

APR 15, 1930

19

A TRUE COPY, ATTEST:

(Registrar)

Antonie P. Duffa

Apr. 11 1930

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Grafton

(City or town making return)

Registered No. 44 71

PLACE OF DEATH

Worcester
(County)Grafton
(City or Town)

No. Grafton State Hospital

St., Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Sarah J. Hobday

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No.

St.,

Ward,

Winthrop, Mass

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 13 yrs. 8 mos. 17 days How long in U. S., if of foreign birth? 49 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

William Hobday

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 79 Years 6 Months 25 Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housework

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF
FATHER

Thomas Didson

PARENTS.

14 BIRTHPLACE OF
FATHER (City)

(State or country)

England

15 MAIDEN NAME
OF MOTHER

Anna Lancaster

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

England

17

Informant
(Address)Grafton State Hosp. Records
North Grafton, MassI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.

Robert S. Leonard

(Signature of Agent of Board of Health or other)

Agt. B.H.

April 18, 1930

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

April 14, 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof are
as follows: (If an injury was involved, state fully)

Apoplexy cerebral

(Following subluxation left

shoulder accidentally sustained

by falling on floor March 19, 1930)

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

no relation to death

Suicide or

Date of injury

Mar. 19, 1930

Homicide?

Where did

injury occur?

Grafton, Mass. (State Hospit
(City or town and State)

Manner of

Injury

Fall on floor

Nature of

Injury

Subluxation left shoulder

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Roland S. Newton

M. D.

(Address)

19 Central St.

Date 4/14/1930

Westboro, Mass

22 PLACE OF BURIAL
CREMATION OR REMOVAL Hillcrest No. Grafton

(Cemetery)

(City or town)

DATE OF BURIAL

April 18,

1930

23 NAME OF

UNDERTAKER

Milton E. Temple

ADDRESS

North Grafton, Mass.

Received and filed

May 6

1930

A TRUE COPY, ATTEST:

(Registrar)

Sarah J. Monday

Apr. 14. 1930.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Winthrop

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 72

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 139 Washington Ave.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Celia E. Casey Flinn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

139 Washington Ave.

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs. mos. days.

How long in U. S., if of foreign birth?

yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Herbert Granville Flinn

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

71

AGE Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Weston

(State or country)

Mass

13 NAME OF FATHER

Michael F. Casey

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Celia Corbett

16 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17

Informant (Address)

Eleanor G. Flinn

139 Washington Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William W. Childress

(Signature of Agent of Board of Health or other)

Agent

April 17/30

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

April 16 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

5-1-1928

1928

to

April 16

1930

I last saw him alive on April 12, 1930, death is said

to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Endocarditis

Date of onset

1928

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Franger

(Address) 476 Stanley

M. D. Date April 17 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Josephs

Boston

(Cemetery)

(City or town)

DATE OF BURIAL

April 18

1930

22 NAME OF UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop, Mass

Received and filed

April 21

1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Apr. 16, 1930.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
 - 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *printer*, *weaver*, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying, e.g., heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chilblain, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 73

PLACE OF DEATH

Suffolk
(County)

(City or Town)

No. 306 Revere St. St., 4 Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Henry Reid Henderson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 306 Revere St. St., 4 Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)5a If married, widowed, or divorced HUSBAND of Jessie Ada Cram

(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years 3 Months 6 Days If less than 1 day Hours Minutes8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) June 1929 11 Total time (years) spent in this occupation 40 years12 BIRTHPLACE (City) Winnipeg
(State or country) Scotland13 NAME OF FATHER William Henderson14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)15 MAIDEN NAME OF MOTHER Not Known16 BIRTHPLACE OF MOTHER (City) Not Known
(State or country)17 Informant Daughter Mrs Ruth Henderson Roach
(Address) 306 Revere St. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm D Childress

(Signature of Agent of Board of Health or other)

Health Officer April 18/1930
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 16, 1930
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from February 15, 1930, to April 16, 1930.
I last saw him alive on April 15, 1930, death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral hemorrhageDate of onset 4/15/30

Contributory causes of importance not related to principal cause:

ArteriosclerosisChronic Interstitial nephritisName of operation none Date of _____
What test confirmed diagnosis chemical test Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Wm D Childress M. D.(Address) 302 Stanley St. Winthrop Date 4/16/3021 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop - Winthrop
(Cemetery) (City or town)DATE OF BURIAL April 18 193022 NAME OF UNDERTAKER Walter T. WhiteADDRESS Winthrop MassReceived and filed April 21 1930

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed cause, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such state permit and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance, not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County SuffolkState Massachusetts(City or town) 74
Registered No.City or Town Winthrop, Fort Banks, Mass.No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Billings, Charles.

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 303 Washington, St. Brighton, Mass. St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male. 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

5a If married, widowed or divorced HUSBAND of (or) WIFE of

6 AGE Years Months Days IF LESS than 1 day, _____ hrs. or _____ min.
63

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Soldier(b) Name of employer U.S. Army.8 BIRTHPLACE (City) Boston,
(State or country) Massachusetts9 NAME OF FATHER Chas. Billings10 BIRTHPLACE OF FATHER (City) York
(State or country) Maine11 MAIDEN NAME OF MOTHER Mathea Palmer12 BIRTHPLACE OF MOTHER (City) Eaton Center
(State or country) N.H.13 Informant Howard Griffin
(Address) 22 Blyman Ave. Gloucester, Mass.14 Filed 4-22-30
(Month) (Day) (Year)

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 18 1930
(Month) (Day) (Year)16 I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1930, 19____, to Apr. 18, 1930, 19____,that I last saw him alive on April 18, 1930, 19____,and that death occurred, on the date stated above, at 1.52 P. ____ m.
The CAUSE OF DEATH was as follows: (State fully)Carcinoma, type undetermined, involving upper 1/3 of stomach and lower end of esophagus metastasis of lymph glands of lesser curvature of stomach and left lobe of liver.
(duration) ____ yrs. ____ mos. ____ ds.CONTRIBUTORY Stricture of esophagus.
(Secondary)(duration) ____ yrs. 3 mos. ____ ds.17 Where was disease contracted if not at place of death UnknownDid an operation precede death yes For what Exploratory laparotomy.Date of operation April 7, 1930.Was there an autopsy No.

What test confirmed diagnosis

(Signed) W.K. Turner, Major, M.C., M. D.(Address) Fort Banks, Mass.Date April 18, 193018 PLACE OF BURIAL, CREMATION, OR REMOVAL Locust Grove Gloucester, Mass.
(Cemetery) (City or town)DATE OF BURIAL
Apr. 22/3019 UNDERTAKER
George L. Browne,ADDRESS
Gloucester, Mass.

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued

Wm. L. Childress Official Position Health Officer Date of issue 4/21/30 Permit No. 1722

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Soldierman*, (b) *Grocery*; (c) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonum*, etc., *Carcinoma, Sarcoma*, etc., of,..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 *da*; *Bronchopneumonia* (secondary), 10 *da*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia," (merely symptomatic), "Atrophy," "Colapso," "Coma," "Convulsions," "Debility," "Congestional," "Scenic," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Tremor," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all deaths resulting from childbirth or miscarriage, as "PERINEAL SEPTEMIUM," "PERINEAL PERITONITIS," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, colitis, childbirth, convulsions, hemorrhage, exanthema, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.....*Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereatof furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the places where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(ISSUED UNDER THE PROVISIONS OF GENERAL LAWS, CHAPTER 38)

1 PLACE OF DEATH

County Suffolk State Massachusetts Registered No. 15
 City or Town Winthrop death occurred in a hospital or institution, give its NAME instead of street and number

2 FULL NAME

George J. Sleeper
 (a) Residence. No. Winthrop 105 Loring Rd. Ward. 15
 (Usual place of abode) (If non-resident, give city or town and state)
 Length of residence in city or town where death occurred 30 yrs. mos. days How long in U. S., if of foreign birth? yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) Married
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Imogene Bartlett
 6 AGE Years 77 Months Days If less than 1 day.....hrs. or.....min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lawyer
 (b) Name of employer March 29, 1930

8 BIRTHPLACE (City) South Thomaston
 (State or country) Maine

9 NAME OF FATHER Elias Sleeper
 10 BIRTHPLACE OF FATHER (City) South Thomaston
 (State or country) Maine
 11 MAIDEN NAME OF MOTHER Unknown
 12 BIRTHPLACE OF MOTHER (City) South Thomaston
 (State or country) Maine

13 Informant George J. Sleeper
 (Address) 66 Loring Rd. Winthrop, Mass

14 Filed HENRY F. RILEY
 (Month) (Day) (Year) REGISTRAR

20 Burial permit issued by

Official position

21 Date of issue

Permit No.

BOSTON HEALTH DEPT.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH April 15 1930
 (Month) (Day) (Year)

16 I HEREBY CERTIFY THAT I have made examination of the dead body of the person above named and that to the best of my knowledge and belief the CAUSE AND MANNER of death are as follows: (If an injury was involved, state fully)

Haemorrhage, traumatic, subdural, of the brain, associated with a motor vehicle accident.
(Passenger. Injury sustained 19 days prior death.)

(See reverse side for description for unknown person)

17 In what City or town was injury sustained? Unknown
 (Signed) Surgeon General, M. D.
 (Address)

Medical Examiner for Suffolk
 Date April 15 1930
 (Month) (Day) (Year)

18 PLACE OF BURIAL, CREMATION, OR REMOVAL, DATE OF BURIAL
South Thomaston, Maine 22/30
 (Cemetery) (City or town) (Month) (Day) (Year)

19 UNDERTAKER E. R. Rollins ADDRESS E. Boston

11947

information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any

other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . .—*General Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

A medical examiner has no right to delay filing the certificate referred to (death certificate) until judicial inquiries have been concluded and certified, . . .—*Extract from Opinion of the Attorney General, July 29, 1926.*

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause* the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

(City or town making return)

Registered No. 76

PLACE OF DEATH

(County)

(City or Town)

No. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Stephen D. Childress

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. St., Ward, (If nonresident, give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 12 BIRTHPLACE (City) High Wycombe (State or country) England13 NAME OF FATHER Stephen Childress14 BIRTHPLACE OF FATHER (City) High Wycombe (State or country) England15 MAIDEN NAME OF MOTHER Mary Ann Childress16 BIRTHPLACE OF MOTHER (City) High Wycombe (State or country) England17 Informant Wm. D. Childress (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/22/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 20 1930 (Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to April 20 1930I last saw him alive on April 20 1930, death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic hyperton
ArteriosclerosisDate of onset Apr. 1928
1928

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Wm. D. Childress M. D.(Address) Date 4-22 193021 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town)DATE OF BURIAL 193022 NAME OF UNDERTAKER ADDRESS Received and filed 1930

A TRUE COPY, ATTEST:

(Registrar)

Apr. 20. 1930

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 57

PLACE OF DEATH
1 (County) _____
(City or Town) _____
No. 1 Nevada St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Israel Itzkowitz
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 10 Nevada St., _____ Ward, _____
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE married (write the word)
MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of Rachel Dickman
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 50 Years. _____ Months. _____ Days. If less than 1 day
Hours. _____ Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Dealer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. self.
10 Date deceased last worked at this occupation (month and year) March 30 1931 11 Total time (years) spent in this occupation. 25

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Barnet Itzkowitz
14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Bertha Hurwitz
16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant (Address) Fannie Leary 10 Nevada St. Wm.
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
H.O. (Official Designation) April 22 1930 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 21 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 1 1929 to April 21 1930.
I last saw him alive on April 21 1930, death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Endocarditis + Chronic Nephritis 1929

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

20 Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Edward J. Grainger M. D.
(Address) 476 Shaw Ave. - Wm. Date 4-21-1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Anglo Island Montreal
(Cemetery) (City or town)

DATE OF BURIAL April 23 1930

NAME OF UNDERTAKER Charles Boogusch

ADDRESS 73 Village St Boston

Received and filed April 22 1930 19 _____

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate by law to be returned, if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a record as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATHWinthrop
(City or town making return)
Registered No. 78

No. 311 Shirley St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baron Hacks
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 311 Shirley St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 1 yrs. How long in U. S., if of foreign birth? 5 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced
HUSBAND of Bella Goodman
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 27 Years Months Days If less than 1 day
Hours MinutesOCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. For himself
10 Date deceased last worked at this occupation (month and year) April 1930 11 Total time (years) spent in this occupation yrs.

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Hyman Hacks

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Eva Yardlicks

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Bella Hacks
(Address) 311 Shirley St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)
Health Officer 4/28/30
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 27 1930
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from April 27, 1930, to April 27, 1930.
I last saw him alive on April 27, 1930, death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Bronchitis

Date of onset ?

Contributory causes of importance not related to principal cause:

Pulmonary Hemorrhage

Name of operation Date of
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Samuel B. Goldberg, M. D.
(Signed) (Address) 310 Shirley Date 4/28/3021 PLACE OF BURIAL, CREMATION OR REMOVAL Poland Cem. Woburn
(Cemetery) (City or town)

DATE OF BURIAL April 28 1930

22 NAME OF UNDERTAKER Mamee Planetsky
ADDRESS 19 Eaton St. Boston

Received and filed 4/28/30 1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode, of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....	
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate, in case of an physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application, make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
Brachycephalonia; If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhages, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. *77*

1 PLACE OF DEATH
Winthrop
(City or Town)
No. *35* *Enfield Rd.* St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Maria Gradone
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *35* *Enfield Rd.* St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. *14* days. How long in U. S., if of foreign birth? *10* yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED *Widow*
WIDOWED or DIVORCED *Married*

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of *Salvatore Gradone*
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *77* Years Months *11* Days If less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. *Housewife*
9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. *Home*
10 Date deceased last worked at
this occupation (month and
year) *1927* 11 Total time (years)
spent in this
occupation *55*

12 BIRTHPLACE (City)
(State or country) *Italy*

13 NAME OF FATHER *Innocenzo Margi*

14 BIRTHPLACE OF FATHER (City)
(State or country) *Italy*

15 MAIDEN NAME OF MOTHER *Maria Ruggeri*

16 BIRTHPLACE OF MOTHER (City)
(State or country) *Italy*

17 Informant *Mrs. Olympia La Centra*
(Address) *785 Elm St. Revere*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health officer
(Official Designation) *4/28/30*
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April 24th 1930*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
April 18 19*30*, to *April 20* 19*30*.
I last saw him alive on *April 20*, 19*30*, death is said
to have occurred on the date stated above, at *11:30 AM*

The principal cause of death and related causes of importance in order of
onset were as follows:

Aortic myocarditis

Contributory causes of importance not related to principal cause:

Atherosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify *Residio A. Guarini* M. D.
(Signed) *6 Morris Ave* Date *April 27 1930*
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Holy Cross Maiden*
(Cemetery) (City or town)

DATE OF BURIAL *April 30* 19*30*

22 NAME OF UNDERTAKER *Michael J. Porella*
ADDRESS *10 No. Bennett St. Boston*

Received and filed *Apr. 27* 19*30*

A TRUE COPY, ATTEST:

(Registrar)

Apr. 27. 1930.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *sawp factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	Date of onset 1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .
Chap. 114, Sec. 46, G. L., as amended.

State cause for which surgical operation was undertaken. . . .
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. 80

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. Winthrop Community Hospital

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Lillian (Homer) Haberland

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 120 Main
(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married. (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Christian John Haberland
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 38 Years 10 Months 17 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store manager. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homer Candy Co. 10 Date deceased last worked at this occupation (month and year) April 14, 1930 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Providence. (State or country) Rhode Island.

13 NAME OF FATHER Edward Hallett Homer.

14 BIRTHPLACE OF FATHER (City) Providence. (State or country) Rhode Island.

15 MAIDEN NAME OF MOTHER Annie Noonan.

16 BIRTHPLACE OF MOTHER (City) Quebec. (State or country) Quebec, Canada.

17 Informant Frank E. Homer. (Address) Seaboard St - Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
(Signature of Agent of Board of Health or other)

Health Officer 4/30/30
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 28 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 25, 1930 to April 28, 1930. I last saw her alive on April 28, 1930, death is said to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Appendicitis (ruptured)
Peritonitis

Date of onset
1930.

April 21

April 22

Contributory causes of importance not related to principal cause:

Name of operation Appendectomy Date of April 26/30
What test confirmed diagnosis Observation Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B. Parker, M. D.
(Signed) (Address) Winthrop 14 years Date April 19 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL April 30, 1930

22 NAME OF UNDERTAKER Charles T. Bennison
ADDRESS Winthrop Mass.

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife*. In answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engine*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>.....	.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another in the same cemetery, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. "Primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Winthrop
(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH (County)
(City or Town) *Winthrop Community Hospital* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME *Catherine Weston* (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *Shirley Ave* Ward, (If U. S. War Veteran, specify WAR)
(Usual place of abode)
Length of residence in city or town where death occurred *12* yrs. *0* mos. *0* days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *F.* 4 COLOR OR RACE *W.* 5 SINGLE (write the word) *Widow*
MARRIED
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced *Lyman S.*
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *66* Years. Months. Days. If less than 1 day
Hours. Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) *New York*

13 NAME OF FATHER *Stephen Gaughan*

14 BIRTHPLACE OF FATHER (City) (State or country) *Ireland*

15 MAIDEN NAME OF MOTHER *Mary (not known)*

16 BIRTHPLACE OF MOTHER (City) (State or country) *Ireland*

17 Informant (Address) *John Gaughan 1575 Shirley St Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *4/30/30* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *April 30 1930*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *Feb 13 1930* to *April 30 1930*.
I last saw her alive on *April 29 1930*, death is said to have occurred on the date stated above, at *6:40 a.m.*

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage Feb 13, 1930

Contributory causes of importance not related to principal cause:

Myocarditis
General Toxemia

Name of operation *none* Date of *no*
What test confirmed diagnosis *Clinical Exam* Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *A. O'Brien M.D.* M. D.
(Signed) *178 Washington Ave* (Address) *Winthrop* (City or town) *Apr 30 1930* (Date)

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Woodlawn Cemetery* (Cemetery) *Everett* (City or town)

DATE OF BURIAL *May 2 1930*

22 NAME OF UNDERTAKER *John Brumby, Son*

ADDRESS *151 Union St. Chatham*

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give additional cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Wintthrop

(City or town making return)

Registered No. 2370

PLACE OF DEATH

Suffolk

(County)

Wintthrop

(City or Town)

No. 15 Shirley

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Mary Josephine Brittain

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

15 Shirley St.

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

15 yrs.

mos.

days.

How long in U. S., if of foreign birth?

35 yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

William D. Brittain

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 55 Years 7 Months 22 Days If less than 1 day

Hours

Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

At Home

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Housewife

10 Date deceased last worked at
this occupation (month and
year)

April 1930

11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

St. John

N.Y.

13 NAME OF

FATHER

Curtis P. Flynn

14 BIRTHPLACE OF

FATHER (City)

St. John

(State or country)

N.Y.

15 MAIDEN NAME

OF MOTHER

Mary J. Devine

16 BIRTHPLACE OF

MOTHER (City)

Wark.

(State or country)

Ireland

17

Informant

(Address)

Mrs. J. M. G. Brittain

15 Shirley St. Wintthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

5/1/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

April

30

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

April 28

1930, to

April 30

1930

I last saw her alive on

April 9

1930, death is said

to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:Chronic myocardial
degeneration with acute
cardiac hypertrophy &
dilatationDate of onset
1928April 30
1930

Contributory causes of importance not related to principal cause:

Acute tonsillitis

Name of operation

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy?

No

20 Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

J. M. G. Brittain, M.D.

162 Shirley St. Wintthrop 4/30/30

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Holy Cross Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL

May 2 1930

19

22 NAME OF

UNDERTAKER

ADDRESS

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

April 30, 1930.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carriage painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asphemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	.....
.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 40, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 86

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. 137 Pleasant St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Henry Franklin Rich

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 137 Pleasant St., Ward,

(Usual place of abode)

(If U. S.
War Veteran,
specify WAR)Length of residence in city or town where death occurred 44 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)5a If married, widowed, or divorced HUSBAND of Ella Augusta Cordes
(Give maiden name of wife in full)(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years 5 Months 26 Days If less than 1 day Hours _____ Minutes _____OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Broker
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) April 5 11 Total time (years) spent in this occupation 412 BIRTHPLACE (City) Troy
(State or country) Massachusetts13 NAME OF FATHER Josiah F. Rich14 BIRTHPLACE OF FATHER (City) Troy
(State or country) Mass15 MAIDEN NAME OF MOTHER Rebecca Paine16 BIRTHPLACE OF MOTHER (City) Troy
(State or country) Mass.17 Informant Lillian F. Rich
(Address) 137 Pleasant St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)Health Officer 5/3/30
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 1 1930
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from March 20, 1926 to April 5, 1930
I last saw him alive on April 5, 1930, death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic interstitial myocarditis
arteriosclerosis

Date of onset

?

Contributory causes of importance not related to principal cause:

Name of operation none Date of operation _____
What test confirmed diagnosis? Physical Exam. Was there an autopsy? X20 Was disease or injury in any way related to occupation of deceased? No
If so, specify _____(Signed) Sallie H. Saunders M. D.
(Address) 32 Woodside Pk. Date May 1 1930
Winthrop21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)DATE OF BURIAL May 4 193022 NAME OF UNDERTAKER Walter T. White
ADDRESS Winthrop Mass.Received and filed May 7 1930

A TRUE COPY, ATTEST:

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up, or changed on account of the disease causing death, report the occupation & its termination, and the cause of termination. If the deceased had been engaged in more than one occupation prior to retirement, Children not handsomely employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells food should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asbestia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Atroscloeriosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927.
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, without a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional explanation, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, dyspepsia, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. *87*

1 PLACE OF DEATH

No. *20 Highland St.* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Coaguim Schweira
(If deceased is married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

(Usual place of abode)

20 Highland St. St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married* (Write the word)

5a If married, widowed, or divorced

HUSBAND of *Andy Sears*
(Give maiden name of wife in full)

(or) WIFE of *Andy Sears*
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *61* Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Firekeeper* 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Secretary* 10 Date deceased last worked at this occupation (month and year) *Dec 27 1932* 11 Total time (years) spent in this occupation *35*

12 BIRTHPLACE (City) *St. George* (State or country) *Brazil*

13 NAME OF FATHER *Manuel Schweira*

14 BIRTHPLACE OF FATHER (City) *St. George* (State or country) *Brazil*

15 MAIDEN NAME OF MOTHER *Can not be named*

16 BIRTHPLACE OF MOTHER (City) *St. George* (State or country) *Brazil*

17 Informant (Address) *Wm D. Childress*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *5/3/33* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Feb 2* 19 *30*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Feb 1*, 19 *30*, to *Feb 2*, 19 *30*.

I last saw him alive on *May 1*, 19 *20*, death is said to have occurred on the date stated above, at *9:30* a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Myocardial infarction Date of onset *4/29/20*

Contributory causes of importance not related to principal cause: *Chronic arteriosclerosis - atherosclerosis*

Name of operation *None* Date of *None*

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

20 Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *None*

(Signed) *Wm D. Childress* M. D.

(Address) *221 Commonwealth St.* Date *5/3/33* 19 *30*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Graveside Cemetery* (Cemetery) (City or town)

DATE OF BURIAL *May 5* 19 *30*

22 NAME OF UNDERTAKER *Graveside Cemetery*

ADDRESS *Cambridge*

Received and filed *May 7* 19 *30*

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of school or at home. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic interstitial nephritis	1915
Atherosclerosis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause may in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it had been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counterstent it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, psoriasis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. 58

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 10 Sea Foam Ave Winthrop Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME - Grace Finkelstein

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 10 Sea Foam St., Ave. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. days. How long in U. S., if of foreign birth? 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

5a If married, widowed, or divorced Abraham Finkelstein HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10 Date deceased last worked at this occupation (month and year) Apr. 1929 11 Total time (years) spent in this occupation 47

12 BIRTHPLACE (City) (State or country) Russia

13 NAME OF FATHER Max Israel Cohen

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Sarah. Dohnosky

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Abraham Finkelstein (Address) 10 Sea Foam Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William H Childress (Signature of Agent of Board of Health or other)

Agent May 4th 1930 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 3 1930. (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from April 3 1929 to May 3 1930. I last saw her alive on May 2, 1930, death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis Date of onset 1925

Contributory causes of importance not related to principal cause: Chronic Interstitial Nephritis 1920 Arteriosclerotic Dementia 1930

Name of operation none Date of operation What test confirmed diagnosis? Clinical & laboratory No Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Jacob Abrahamson M.D. (Signed) 562 Shirley St., Dan. May 3, 1930 (Address) Winthrop, Mass. (City or town)

21 PLACE OF BURIAL, CREMATION OR REMOVAL W. R. O. (Cemetery) (City or town)

DATE OF BURIAL May 4 1930

22 NAME OF UNDERTAKER Jacob H Levine

ADDRESS 57 Howard St.

Received and filed 19

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

May 3 1930.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased caused death, report the occupation prior to occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, name any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	May 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or to its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



SUFFOLK

(County)

BOSTON

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 4235

PLACE OF DEATH

BOSTON

(City or Town)

No. Mass. Gen. Hospt.

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Peter J Porter

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No.

209 Cliff ave.

SEX

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

Ellen T Monahan

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

76

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Supt.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Shoe business

10 Date deceased last worked at this occupation (month and year)

1925

11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City)

(State or country)

New Brunswick

PARENTS

13 NAME OF FATHER

James Porter

14 BIRTHPLACE OF FATHER (City)

(State or country)

New Brunswick

15 MAIDEN NAME OF MOTHER

Ann Gibbons

16 BIRTHPLACE OF MOTHER (City)

(State or country)

New Brunswick

17

Informant (Address)

J H Porter

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A G

(Signature of Agent of Board of Health or other)

5/5/30

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

May 4 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Apr. 28

1930, to

May 4, 1930

I last saw him alive on May 4, 1930, death is said

to have occurred on the date stated above, at 4.10 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Myelogenous leukaemia

?

Date of onset 7 mo.

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A G Engelbach

M. D.

(Address)

M G H

Date 5/4 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL

New Calvary

(Cemetery)

(City or town)

DATE OF BURIAL

May 8/30

19

22 NAME OF UNDERTAKER

E. D. Fitzgibbon

ADDRESS

Dorchester

Received and filed

May 7/30

19

A TRUE COPY, ATTEST:

(Registrar)

May 4. 1930.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHMethen
(City or town making return)

Registered No. 5376

PLACE OF DEATH

Suffolk
(County)
Methen
(City or Town)

No. 124 Main St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie M. Donnan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 124 Main St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 84 Years 9 Months 17 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U. S. Army

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1930

10 Date deceased last worked at this occupation (month and year) 6/28/30 11 Total time (years) spent in this occupation 60 yrs

12 BIRTHPLACE (City) (State or country) Scotland

13 NAME OF FATHER John F. O'Donnell

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Rafferty

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant (Address) Timothy Donnan 124 Main St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 5/8/30
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 9 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from May 1, 1928, to May 6, 1930

I last saw him alive on May 6, 1930, death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis 1928

Contributory causes of importance not related to principal cause:

Arterio-sclerosis 1927

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? L

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. M. O'Connell, M. D. (Address) 4 Burlington St. Date 5/8 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery (Cemetery) (City or town)

DATE OF BURIAL May 9 1930

22 NAME OF UNDERTAKER R. J. O'Connell ADDRESS 124 Main St.

Received and filed May 12, 1930. 19

A TRUE COPY, ATTEST: (Registrar)

FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed to illness. If the disease causing death report the occupation prior to occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance, not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 91

1 PLACE OF DEATH

Suffolk
(County)

(City or Town)

No. 21 Wheelock St., 2 Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 21 Wheelock St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. - mos. - days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of Mabel L. Young (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years 2 Months 12 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Market 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat Tender 10 Date deceased last worked at this occupation (month and year) 1922 11 Total time (years) 30 1/2 spent in this occupation 2 1/2 yrs

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER William M. Williams

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER Rozilla Holbrook

16 BIRTHPLACE OF MOTHER (City) Woburn (State or country) Mass

17 Informant Daughter Mrs. Fred C. Ramsey (Address) 21 Wheelock St. Wintthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/11/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH May 9 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 8, 1930, to May 9, 1930

I last saw him alive on May 9, 1930, death is said to have occurred on the date stated above, at 12:40 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Intestinal Embolism Date of onset 5-8-30

Referred symptoms with abdominal wall 3 1/2 in. 1896

Contributory causes of importance not related to principal cause: Chronic valvular heart - years Arterio-sclerosis years

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Opelle E. Robinson, M. D. (Address) Wintthrop Date May 19 30

21 PLACE OF BURIAL, CREMATION OR REMOVAL Wintthrop Wintthrop (Cemetery) (City or town)

DATE OF BURIAL May 11 1930 19

22 NAME OF UNDERTAKER Walter T. White

ADDRESS Wintthrop Mass

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name any important conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of a physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, he may be obtained early enough for the purpose, or is insufficient by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed only after special permit
with Board of Health
or its Agent.STANDARD
CERTIFICATE OF DEATH

Registered No. 93

PLACE OF DEATH

Suffolk County

Winthrop Mass
(City or Town)

No. Community Hospital

Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Baby Lumeney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No.

(Usual place of abode)

80 Park Ave. Boston

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

F.

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

Stillborn

7

AGE.....Years.....Months.....Days

If less than 1 day

Hours.....Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

Winthrop Mass

13 NAME OF
FATHER

Edward J. Lumeney

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Charlton Mass

15 MAIDEN NAME
OF MOTHER

Marion Leprize

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Charlton Mass

17

Informant
(Address)Edward J. Lumeney
80 Park Ave BostonI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. S. Childers
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH5. 14 30
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

5. 14, 1930, to 5. 14, 1930

I last saw him alive on , 19 , death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Still born
(full term)

Contributory causes of importance not related to principal cause:

Spina Bifida

Name of operation

Cesarean

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Infant Biting

(Signed)

88 Rennie St. Date 5. 5, 1930

21 PLACE OF BURIAL,
CREMATION OR REMOVALWoodlawn Cemetery
(Cemetery) (City or town)

DATE OF BURIAL

May 17 1930

22 NAME OF
UNDERTAKER

R. J. DeMille

ADDRESS

Rennie St.

Received and filed

May 21 1930

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.* heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear first.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent, attested or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a factory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia); and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Winthrop

(City or town making return)

Registered No. 93

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or town)

No. Winthrop Community Hospital

Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Baby Boujoukos

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 74 Locust

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE Years Months Days

If less than 1 day

20 Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

Winthrop

(State or country)

Massachusetts

13 NAME OF
FATHER

Arthur Boujoukos

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Greece

15 MAIDEN NAME
OF MOTHER

Constance Kapoulos

16 BIRTHPLACE OF
MOTHER (City)

New Bedford

(State or country)

Massachusetts

17

Informant
(Address)

Arthur Boujoukos

74 Locust St

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transfer permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May

(Month)

15

(Day)

1930

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 14, 1930, to May 15, 1930

I last saw him alive on May 14, 1930, death is said

to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:Pneumonia Bites
(1 bite)

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. Paul Gately
Dr. Bennison

Date 5-16-30

M. D.

1930

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

May 16

1930

22 NAME OF
UNDERTAKER

Charles P. Bennison

ADDRESS

Winthrop Mass.

Received and filed

May 24

1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose answer to Question 8 and *own home* in answer to Question 9, for a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *printer*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and but only important complication of the principal cause. Under contrary causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921
Fracture of arm	July 5, 1927
Automobile accident	May 3, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early and in time for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Pneumopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Suffolk
(County)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 24

PLACE OF DEATH

Winthrop
(City or Town)

No. 23 Elmwood Ave. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Adelaide Estella (Clark) Hannaford.

(If deceased is a married, widowed or divorced woman, give also maiden name)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 23 Elmwood Ave., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married.

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Thomas S. Hannaford.
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 53 Years 9 Months 4 Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Troy
(State or country) New Hampshire.

13 NAME OF FATHER Lyman Thomas Clark.

14 BIRTHPLACE OF FATHER (City) Troy
(State or country) New Hampshire.

15 MAIDEN NAME OF MOTHER Mary Louisa Briggs

16 BIRTHPLACE OF MOTHER (City) unknown
(State or country)

17 Informant Thomas S. Hannaford.
(Address) 23 Elmwood Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/17/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 17 1930.
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from March 15 1928, to May 17 1930
I last saw her alive on May 16 1930, death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of breast + operation therefor Date of onset 1927

Contributory causes of importance not related to principal cause:
General carcinomatosis 1930.

Name of operation: Amputation of breast Date of 1927
What test confirmed diagnosis? Clinical + W. & O. on autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify: Jacoby, Charles H. D.
(Signed) 362 Shirley St. Date May 17 1930
(Address) Winthrop

21 PLACE OF BURIAL No. Main St. Troy, N.H.
(Cremation or removal) (Cemetery) (City or town)

DATE OF BURIAL May 20 1930

22 NAME OF UNDERTAKER Charles T. Bennison

ADDRESS Winthrop, Mass.

Received and filed May 24 1930

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *printer*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asbestia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1917

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent, to remove it or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate of sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

"He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, or otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease untraceable to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSTo be filed for burial permit
with Board of Health
or its Agent.

95

STANDARD
CERTIFICATE OF DEATH

Registered No.

1 PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. 137 Bartlett Road St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Sarah Anne (Clerke) Leavitt
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 137 Bartlett Road St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Aaron Littlefield Leavitt
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 87 Years - Months 14 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Massachusetts

13 NAME OF FATHER John Clerke

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Anne Bradfield

16 BIRTHPLACE OF MOTHER (City) hinden (State or country) England

17 Informant William Homer Leavitt (Address) 137 Bartlett Road

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/19/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 17 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from January 10 1930, to May 17 1930

I last saw him alive on May 16 1930, death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Hodgkin's Disease Date of onset 1925

Contributory causes of importance not related to principal cause:

Senility

Name of operation Cervical adenectomy Date of 1927
What test confirmed diagnosis clinical + biopsy Autopsy? no

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Jacob's Pharynx N.D.
(Signed) 662 Shirley St. Date May 18, 1930
(Address) Winthrop Mass21 PLACE OF BURIAL, CREMATION OR REMOVAL Island Cemetery, Newport
(Cemetery) (City or town) R.I.

DATE OF BURIAL May 20 1930

22 NAME OF UNDERTAKER Charles P. Bennison
ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, at the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician. If any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retical as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith, on receipt of such statement to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold,* etc. For a person who had no occupation whatever write *none.*

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants* and *wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1917

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first



SUFFOLK

(County)

BOSTON

(City or Town)

STANDARD
CERTIFICATE OF DEATH

Registered No. 4730

No. Mass. Gen'l Hospt.

St.

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Herbert McLellan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 129 Cliff ave

xctx

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE (write the word)

MARRIED
WIDOWED
or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 4 Years 10 Months 21 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City) Lynn

(State or country)

13 NAME OF
FATHER

Herbert McLellan

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Pr Edw Isld

15 MAIDEN NAME
OF MOTHER

Ethel Lockwood

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Chelsea

17

Informant
(Address)

Mother

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

A C

(Signature of Agent of Board of Health or other)

(Official Designation)

5/19/30

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

May 18 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 16 1930, to May 18 1930

I last saw him alive on May 18, 1930, death is said

to have occurred on the date stated above, at 8.53p m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Broncho-pneumonia

Date of onset
6 days

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. G. Engelbach

M. D.

(Address) M. G. H.

Date 5/19 1930

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Holy Cross, Malden

(Cemetery)

(City or town)

DATE OF BURIAL May 20/30

19

22 NAME OF
UNDERTAKER W C Goodrich

ADDRESS Lynn

Received and filed May 21/30 19

A TRUE COPY, ATTEST

MAY 27 1930

(Registrar)

May 18. 1930

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

BOSTON

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 4725 97

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)

No. Mass. Gen'l Hospt.

St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Louis MacCartney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 69 Fremont

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

M

W

Married

5a If married, widowed, or divorced

HUSBAND of

Mary C McCall

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 35

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Photo engraver

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Boston newspaper

10 Date deceased last worked at
this occupation (month and
year)

3/15/30

11 Total time (years)
spent in this
occupation.

10

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF
FATHER

James MacCartney

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Scotland

15 MAIDEN NAME
OF MOTHER

Gene McEwan

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Scotland

17

Informant
(Address)

Wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

C. S.

(Official Designation)

(Date of Issue of Permit)

5/19/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHMay 19 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 17 1930, to May 19 1930

I last saw him alive on May 19 1930, death is said
to have occurred on the date stated above, at 8.15a.The principal cause of death and related causes of importance in order of
onset were as follows:

Septic sore throat & erysipelas

Date of onset!

4 wks

Contributory causes of importance not related to principal cause:

Broncho-pneumonia

4 dys

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N C Baker

M. D.

(Address) M G H

Date 5/19 1930

21 PLACE OF BURIAL,
CREMATION OR REMOVALWinthrop Cem, Winthrop
(Cemetery) (City or town)

DATE OF BURIAL

May 21/30

19

22 NAME OF
UNDERTAKER

W T White

ADDRESS

Winthrop

Received and filed

May 21/30

A TRUE COPY, ATTEST

(Registrar)

MAY 1930

from May 19. 1930

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

BROOKLINE

(City or town making return)

Registered No. 228/07

1

PLACE OF DEATH

NORFOLK

(County)

BROOKLINE

(City or Town)

No. COREY HILL HOSPITAL

-St.-

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME HARRY GOLDBAND

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 39 PERKINS

(Usual place of abode)

St.,

Ward, WINTHROP

MASS -

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Sadie Levy

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 58 Years Months Days If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Millinery (Retired)

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation 24
Feb/1927

12 BIRTHPLACE (City)

(State or country)

New York

13 NAME OF
FATHER

Morris Goldband

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Russia

15 MAIDEN NAME
OF MOTHER

Rebecca Lemberg

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Russia

17

Informant
(Address)

Wife

37? Perkins St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Town Clerk

May/20/1930

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

MAY

(Month)

20

(Day)

1930

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

January 29

1930, to

May 20

1930

I last saw him alive on May 19, 1930, death is said

to have occurred on the date stated above, at 4.18 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Papilloma of Bladder

11/29

Diabetes

12/27

Coronary Disease

12/27

Contributory causes of importance not related to principal cause:

Name of operation Excision Papilloma of Bladder Date of 2/3/30

What test confirmed diagnosis? Laboratory there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify.

(Signed) B. D. Wetherell

M. D.

(Address) 352 Marlboro St

Date 5/20 1930

Boston

21 PLACE OF BURIAL, CREMATION OR REMOVAL Tefareth Israel W. Rox.

(Cemetery)

(City or town)

DATE OF BURIAL

May 21

1930

22 NAME OF
UNDERTAKER

Jacob H. Levine

ADDRESS

57 Fowler St. Dorchester

Received and filed

May 20

1930

A TRUE COPY, ATTEST:

(Registrar)

May 20. 1930.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 98

1 PLACE OF DEATH
Sussolh
(County)
Winthrop
(City or Town)No. 54 Winthrop Shore Drive St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Charles Hugh MacLean
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 54 Winthrop Shore Drive St. Ward;
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed or divorced
HUSBAND of Gussie L. Thompson
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years 6 Months 13 Days If less than 1 day
Hours MinutesOCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Route agent & auditor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Railway Express
10 Date deceased last worked at this occupation (month and year) MAR. 15, 1929 11 Total time (years) spent in this occupation 4212 BIRTHPLACE (City) Fredericton
(State or country) New Brunswick.

13 NAME OF FATHER William B. MacLean.

14 BIRTHPLACE OF FATHER (City) Youngs Cove, Grand Lake
(State or country) New Brunswick.

15 MAIDEN NAME OF MOTHER Mary A. Dorcas.

16 BIRTHPLACE OF MOTHER (City) Youngs Cove, Grand Lake.
(State or country) New Brunswick.17 Informant Mrs. Gussie T. MacLean.
(Address) 54 Winthrop Shore Drive.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. W. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) May 23, 1930

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 20th 1930
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from May 19th to May 20, 1930
I last saw him alive on May 19, 1930, death is said to have occurred on the date stated above at 11:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis, Gail 1929
Endocarditis, Gail 1929
Arterio-sclerosis, Gail 1929

Contributory causes of importance not related to principal cause:

Strangulated hernia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) E. M. & B. Blair, M. D.
(Address) 45 Nahant St. Date 5/20 193021 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove L. Mass.
(Cemetery) (City or town)

DATE OF BURIAL May 24 1930

22 NAME OF UNDERTAKER Charles R. Bennison.
ADDRESS Winthrop Mass.

Received and filed May 24 1930

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the only occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *sawp factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance, related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either the first or the second position.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another, or if its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as retainerator provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.... *Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or from the funeral home or burial ground, which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 99

PLACE OF DEATH

Wintthrop
(County)

Wintthrop
(City or Town)

No. Wintthrop Community Hospital St.,

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stewart Joseph Young

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 16 Underhill St
(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
OR DIVORCED

(write the word)

Male White

Single

6a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 24 Years Months Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

stereotyper

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Newspaper

10 Date deceased last worked at
this occupation (month and
year) May 29 1930

11 Total time (years)
spent in this
occupation one

12 BIRTHPLACE (City)
(State or country) Somerville
Mass

13 NAME OF
FATHER

William S. Young

14 BIRTHPLACE OF
FATHER (City)
(State or country)

Worcester
Mass

15 MAIDEN NAME
OF MOTHER

Catherine Creedon

16 BIRTHPLACE OF
MOTHER (City)
(State or country)

Ireland

17

Informant William Young
(Address) 16 Underhill St

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William W. Childers

(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

May 26/30
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

May 24 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
May 19 1930, to May 24 1930

I last saw h. alive on May 24 1930, death is said
to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Pertussis from May 17
Ruptured appendix

Contributory causes of importance not related to principal cause:

Name of operation

Laparotomy

Date of May 20

What test confirmed diagnosis?

Was there an autopsy? NO

20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

Edward J. Franzer

M. D.

(Address)

476 Shirley St

Date

May 24 1930

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Wintthrop (City or town)

DATE OF BURIAL

May 27 1930

19

22 NAME OF
UNDERTAKER

John H. Maly

ADDRESS

Wintthrop

Received and filed

MAY 22 1930

19

A TRUE COPY, ATTEST:

(Registrar)

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Cerebral hemorrhage</i>	1921
	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed date, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, any physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retical, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retical shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

State cause for which surgical operation was undertaken.
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent,

Registered No. 102

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Winthrop Community Hospital

2 FULL NAME Margaret Matilda (Wright) West

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 21 Woodside Ave. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of (Give maiden name or wife in full)

(or) WIFE of George A. West (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 7 Months 10 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) East Boston (State or country) Massachusetts

13 NAME OF FATHER George Wright

14 BIRTHPLACE OF FATHER (City) (Unable to obtain) (State or country) Scotland

15 MAIDEN NAME OF MOTHER Helen Nichols

16 BIRTHPLACE OF MOTHER (City) (Unable to obtain) (State or country) Scotland

17 Informant Florence M. Piercy (Address) 21 Woodside Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chivers (Signature of Agent of Board of Health or other) Health Officer 5/27/30 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 24 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 23, 1930, to May 24, 1930

I last saw him alive on May 24, 1930, death is said

to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Arterial Disease 1930

Contributory causes of importance not related to principal cause:

Arterio-sclerosis 1930

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. D. Chivers, M. D.

(Address) Winthrop, Mass. Date May 26, 1930

21 PLACE OF BURIAL, Woodlawn, Everett. (Cemetery) (City or town)

DATE OF BURIAL May 27, 1930

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass.

Received and filed MAY 28 1930 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however designated, the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, the age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any permit. The board of health, or its agent, shall appear upon the permit and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths of persons

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 101

PLACE OF DEATH 3111011
(County)

Wintthrop
(City or Town)

No. 50 Hutchinson St

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice G. Gaffney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 50 Hutchinson St

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)
Female White MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation 28 4 1928

11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Andrew Gaffney

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Catherine Fitzpatrick

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Elizabeth Gaffney (Address) 50 Hutchinson St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William W. Children (Signature of Agent of Board of Health or other)

Health Officer May 26/30 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 24 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 6 1930 to May 24 1930.

I last saw him alive on May 24 1930, death is said to have occurred on the date stated above, at 4:50 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma Left Breast Date of onset 1927

Contributory causes of importance not related to principal cause: Carcinomatous

Contributory causes of importance not related to principal cause:

Typhemia due to Carcinoma May 24 1930

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard M. Mearns M. D.

(Address) 114 Pleasant St Date 9/5 1930

21 PLACE OF BURIAL, Holy Hood Brookline (Cremation or removal) (City or town)

DATE OF BURIAL May 27 1930

22 NAME OF UNDERTAKER John J. Mahoney

ADDRESS W. Wintthrop

Received and filed MAY 22 1930 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his proposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
"Primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 182

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 82 Crystal Cove Ave st. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Alfred Whitehead

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

82 Crystal Cove Ave st.

Ward,

(If U. S.
War Veteran,
specify WAR)

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. days. How long in U. S., if of foreign birth? 23 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Mary Kate Butler
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 44 Years 10 Months 17 Days If less than 1 day Hours _____ Minutes _____

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Armstrong Cork Co.
10 Date deceased last worked at this occupation (month and year) April 18, 1930 11 Total time (years) spent in this occupation 12 yrs

12 BIRTHPLACE (City) Bradford
(State or country) England

13 NAME OF FATHER John Whitehead

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Agnes Parks

16 BIRTHPLACE OF MOTHER (City) England
(State or country)

17 Informant Mary H. Whitehead
(Address) 82 Crystal Cove Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/12/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 26 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 6, 1930, to May 26, 1930

I last saw him alive on May 25, 1930, death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

Gastric Cancer Date of onset 1927

Contributory causes of importance not related to principal cause:

Name of operation none Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) Wm. S. Childers M. D.
(Address) Winthrop, Mass Date May 26, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL May 29 1930

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop, Mass

Received and filed MAY 22 1930 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not grandly employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1917

Contributory causes of importance not related to principal cause:

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending Physicians** will certify to such deaths only as illness from persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including received septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 112

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 135 Grovers Ave st, Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME James Stewart Carr
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 135 Grovers Ave st, Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married. (write the word)

5a If married, widowed, or divorced HUSBAND of Ella A. Smith
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years — Months — Days If less than 1 day Hours — Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegrapher
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brokers office
10 Date deceased last worked at this occupation (month and year) May 28, 1930 11 Total time (years) spent in this occupation 40 yrs

12 BIRTHPLACE (City) Richmond (State or country) New Brunswick

13 NAME OF FATHER James Carr

14 BIRTHPLACE OF FATHER (City) St. John (State or country) New Brunswick

15 MAIDEN NAME OF MOTHER Eliza Stewart

16 BIRTHPLACE OF MOTHER (City) Richmond (State or country) New Brunswick

17 Informant Ella A. Carr (Address) 135 Grovers Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer 5/31/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 29 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1929, to May 29, 1930.

I last saw him alive on May 29, 1930, death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Angina pectoris

Date of onset

May 28/30

Arteriosclerosis

Sept 1929

Contributory causes of importance not related to principal cause:

Chronic hypertension

1928

Name of operation none. Date of What test confirmed diagnosis? Personal check Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B Parker (Signed) M. D.
(Address) Winthrop Mass Date May 29 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL June 1, 1930

22 NAME OF UNDERTAKER Charles T. Bennison
ADDRESS Winthrop, Mass.

Received and filed June 2 1930

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *colony mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1917

Contributory causes of importance not related to principal cause:

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a verdict as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such verdict shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 102

PLACE OF DEATH

No. 121 St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby & Valley (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 83 Baker Ave St., Ward, Revere (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

13 NAME OF FATHER Frank & Valley 14 BIRTHPLACE OF FATHER (City) Italy (State or country)

15 MAIDEN NAME OF MOTHER Fuda Coup

16 BIRTHPLACE OF MOTHER (City) New Hampshire (State or country)

17 Informant Frank & Valley (Address) 83 Baker Ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 29 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 29, 1930, to 19

I last saw him alive on 19, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Stillborn 5 mo.

Contributory causes of importance not related to principal cause:

Toxemia of pregnancy of mother

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Frank & Valley, M. D. (Address) 56 Shady St Revere Date May 30 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Garden Ave Chelsea (Cemetery) (City or town) DATE OF BURIAL May 31 1930

22 NAME OF UNDERTAKER J. H. McSherry ADDRESS Chelsea Mass.

Received and filed June 2, 1930

A TRUE COPY, ATTEST:

(Registrar)

May 29, 1938
United States Standard Certificate

GOVERNING THE

CELESTIAL

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...

Gen. Laws Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose

of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from

the board of health or its agent appointed to issue such permits,

person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or

or its agent aforesaid or from the clerk of the town where the body is held. No such permit shall be issued until there shall have been

be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending

make such certificate. If the death certificate contains a recital, as required by section ten of chapter four-six, that the deceased

which can be obtained as to the deceased, or as to the manner or cause

• Shall make exami-

Date of onset

1915

I

July 5, 1927

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100

May 3, 1927

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miasma, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHWinthrop
(City or town making return)

Registered No. 105

1 PLACE OF DEATH
Suffolk County
Winthrop
(City or Town)
No. 81 Winthrop St., Ward {(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Joseph E. Muldoon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR) No

(a) Residence. No. 81 Winthrop St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED widower (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Mary E. Noonan (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 10/1/29 11 Total time (years) spent in this occupation 36 yrs.

12 BIRTHPLACE (City) Waltham (State or country) Mass

13 NAME OF FATHER John Muldoon

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Powers

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Ursula Muldoon (Address) 81 Winthrop St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/31/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 20, 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1, 1929 to May 30, 1930.

I last saw him alive on May 21, 1930 death is said to have occurred on the date stated above, at 7:55 AM

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

myocarditis 1 yr.

Contributory causes of importance not related to principal cause:

Bronchitis

Name of operation Lvs Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) F. W. Muldoon, M. D. (Address) 145 Main St., Winthrop Date 5/30/1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary, Waltham (Cemetery) (City or town)

DATE OF BURIAL June 1, 1930

22 NAME OF UNDERTAKER Frederick H. Jaffe

ADDRESS 145 Main St., Winthrop

Received and filed June 2, 1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Arteriosclerosis</i>	.....	Date of onset
<i>Chronic interstitial nephritis</i>	.....	1915
<i>Cerebral hemorrhage</i>	.....	1921
.....	.....	July 5, 1927.
<i>Contributory causes of importance not related to principal cause:</i>	.....
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	.....	May 3, 1927

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased as served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information when which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. 979 106

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Margaret A. Mulloney (Schaefer)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 53 Summit Ave.

St.,

Ward, Winthron

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

F.

W.

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

Thomas A. Mulloney

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 59 Years - Months - Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation Month year11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

PARENTS

13 NAME OF
FATHER

Casner Schaefer

14 BIRTHPLACE OF
FATHER (City)

Germany

(State or country)

15 MAIDEN NAME
OF MOTHER

Mary VonEuw

16 BIRTHPLACE OF
MOTHER (City)

Switzerland

(State or country)

17

Informant

(Address)

Thomas A. Mulloney

53 Summit Ave. Winthron Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

May 31 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov 1

30

May 31

30

I last saw her alive on May 31, 1930, death is said

to have occurred on the date stated above, at 8:25 P.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Cancer of neck

Metastasis from breast

1928

Contributory causes of importance not related to principal cause:

Name of operation R. breast removed

Date of 1928

What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel McMillion

(Address) Cambridge Mass.

Date 6/1 1930

21 PLACE OF BURIAL Mt Benedict Cem. Boston

CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

June 3 1930

19

22 NAME OF
UNDERTAKER

John E. J. Melley

ADDRESS

Winthron Mass.

Received and filed

June 3 1930

19

A TRUE COPY, ATTEST:

(Registrar)

may 31. 1930.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BROOKLINE
(City or town making return)

Registered No. 244

PLACE OF DEATH
1 NORFOLK
(County)
BROOKLINE
(City or Town)
No. 910 BOYLSTON

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ELIZABETH JANE MC COY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 104 HIGHLAND AVE
(Usual place of abode)

St., Ward, WINTHROP MASS -
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 7 mos. 8 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word)
Female White MARRIED
or DIVORCED Divorced

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Walter V.
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 58 Years 3 Months 25 Days If less than 1 day
Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Housewife

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. At home

10 Date deceased last worked at
this occupation (month and
year) 11 Total time (years)
spent in this occupation 33

12 BIRTHPLACE (City)
(State or country) Cannot be Learned

PARENTS

13 NAME OF
FATHER Unknown Thompson

14 BIRTHPLACE OF
FATHER (City) Belfast
(State or country) Ireland

15 MAIDEN NAME
OF MOTHER Sarah Adams

16 BIRTHPLACE OF
MOTHER (City) Scotland
(State or country)

17 Informant Mr. Poff
(Address) Providence, R. I.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Town Clerk June 11/1930
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH JUNE 4 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof are
as follows: (If an injury was involved, state fully)

A Christian Scientist under their care
Death probably due to Chronic Endocar-
ditis and Chronic Inflammatory Arthritis

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident,
Suicide or
Homicide? Date of injury 19

Where did
injury occur? (City or town and State)

Manner of
Injury
Nature of
Injury

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) William G. Mackie M. D.
(Address) 37 Lee St. Brookline Date 6/4 1930

22 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn - Nashua, N. H.
(Cemetery) (City or town)
DATE OF BURIAL June 6 1930

23 NAME OF UNDERTAKER A. E. Long & Son Inc.
ADDRESS #1979 Mass. Ave. Cambridge

Received and filed June 4 1930

A TRUE COPY, ATTEST: (Registrar)

June 4, 1930

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Winthrop
(City or town making return)

Registered No. 119

1 PLACE OF DEATH
Suffolk County
Winthrop
(City or Town)
No. 24 Fairview St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Francis Hasson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 24 Fairview St., Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED OR DIVORCED Single (write the word)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. -

7 AGE 67 Years - Months - Days If less than 1 day Hours - Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Letter Carrier
10 Date deceased last worked at this occupation (month and year) 8/19/27
11 Total time (years) spent in this occupation 31 yrs

12 BIRTHPLACE (City) Boston
(State or country) Mass.

13 NAME OF FATHER John Hasson

14 BIRTHPLACE OF FATHER (City) Londonderry
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Elizabeth J. Hasson

16 BIRTHPLACE OF MOTHER (City) Londonderry
(State or country) Ireland

17 Informant Susan T. Hasson
(Address) 24 Fairview St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cheevers
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
6/6/30
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 4 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1928, to June 4, 1930

I last saw him alive on June 3, 1930, death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of Stomach Date of onset Oct 5 1928

Contributory causes of importance not related to principal cause:

Name of operation none x-ray Date of What test confirmed diagnosis Pulmonary Abscess Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Raymond B. Parker (Signed) M. D.
(Address) Winthrop Mass Date June 5, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (City or town)

DATE OF BURIAL June 7, 1930

22 NAME OF UNDERTAKER M. J. Kelly
ADDRESS 11 Meridian St. East Boston

Received and filed 1930

A TRUE COPY, ATTEST:

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinster*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Atherosclerosis.....	1915.....
Chronic interstitial nephritis.....	1921.....
Cerebral hemorrhage.....	July 5, 1927.....
Contributory causes of importance not related to principal cause:	
Fracture of arm.....	
Automobile accident.....	May 3, 1927.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. **Bronchopneumonia:** If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Suffolk.

(County)

Winthrop

(City or Town)

No.

106 Summit Ave. Winthrop

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alice A. Miles

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No.

106 Summit Ave Winthrop

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

married.

5a If married, widowed, or divorced

HUSBAND of

George W. Miles

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

71

Years

2

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home.

10 Date deceased last worked at this occupation (month and year)

1930

11 Total time (years) spent in this occupation

50

12 BIRTHPLACE (City)

Albany N.Y.

(State or country)

13 NAME OF FATHER

Mapssa Roden

14 BIRTHPLACE OF FATHER (City)

Ireland.

(State or country)

15 MAIDEN NAME OF MOTHER

(unknown) Dunelle

16 BIRTHPLACE OF MOTHER (City)

England.

(State or country)

17

Informant

George W. Miles.

(Address)

106 Summit Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No.

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No.

106 Summit Ave Winthrop

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

June

(Month)

12

(Day)

30

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 1

1930

to June 12

1930

I last saw him alive on

June 12

1930

death is said

to have occurred on the date stated above, at

7:45

m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Edema of Lungs.

6/14/30

Contributory causes of importance not related to principal cause:

General Arterio Sclerosis
chronic Bronchitis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

no

20 Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Haring at elly

M. D.

(Address)

Winthrop

Date

6/12 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Milford Conn

(Cemetery)

(City or town)

DATE OF BURIAL

June 15 1930

19

22 NAME OF UNDERTAKER

J. Shattuck

ADDRESS

Boston

Received and filed

June 16

1930

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms as *housekeeper*—*private family*, *cook*—*maid*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "store," "factory," "mill," etc. State the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of work done and return that, as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1917
Contributory causes of importance not related to principal cause:	

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 5.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a *rectal*, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such *rectal* shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease agents, and from injury or infection related to occupation, the

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 111

1 PLACE OF DEATH Wrentham
(County)
(City or Town)
No. 45 Willow Ave St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Dennis Canty
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 45 Willow Ave St., Ward, Wrentham Mass
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE MARRIED married (write the word)
WIDOWED OR DIVORCED

5a If married, widowed, or divorced
HUSBAND of Catherine Lane
(Give maiden name of wife in full)
(or) WIFE of Catherine Lane
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years Months Days If less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired grocer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 1930 11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Ireland
(State or country)

13 NAME OF FATHER Owen Canty

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Anne Sweeney

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Mrs. Catherine Canty
(Address) 45 Willow Ave Wrentham

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Office 6/14/30
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 13 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 5, 1929, to June 11, 1930.
I last saw him alive on June 11, 1930; death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Atherosclerosis Myocarditis Chronic Bronchitis Broncho Pneumonia
Date of onset 1929 1930 June 11, 1930

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

20 Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) John P. Downing M. D.
(Address) 320 Commonwealth St Date June 13 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL (Calvary), Boston
(Cemetery) (City or town)

DATE OF BURIAL June 16 1930

22 NAME OF UNDERTAKER John P. Downing
ADDRESS 320 Commonwealth St Boston Mass

Received and filed June 14 1930

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinster*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. There include not only deaths caused directly or indirectly by traumatism (including resuscitation, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease unrelated to injury or infection related to occupation, the

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a

Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200,000, 9-26, NO. 6373

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

of Suffolk.

State

Massachusetts.

Registered No.

(City or town)

City or Town Fort Banks, Winthrop, Mass.

No. Station Hospital, Port Banks, Mass. St. Winthrop. Ward 112
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Lamoreaux, (Stillborn)

(Parents' address)

(If U. S. War Veteran, specify WAR)

(a) Residence. No.

31 Nixon St., Dorchester, Mass.

St.

Ward,

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U. S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

-----Single

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of

-----Single.

6 AGE

Years

Months

Days

IF LESS than
1 day, 0 hrs.
or 0 min.

0

0

0

0

0

IF STILLBORN, enter that fact here

Stillborn.

7 OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

None.

(b) Name of employer

None.

8 BIRTHPLACE (City)

Winthrop,

(State or country)

Massachusetts.

9 NAME OF
FATHER

Armand Joseph Lamoreaux.

10 BIRTHPLACE OF
FATHER (City)

Ware, Mass.

(State or country)

Massachusetts.

11 MAIDEN NAME
OF MOTHER

Margaret Virginia Murphy.

12 BIRTHPLACE OF
MOTHER (City)

Boston,

(State or country)

Massachusetts.

13

Informant

S. Sgt. Armand J. Lamoreaux.

(Address)

W. Nixon Street, Por. Mass.

14

Filed

June 16 30

(Month) (Day) (Year)

REGISTRAR

20

I HEREBY CERTIFY that a satisfactory stan-
dard certificate of death was filed with me
BEFORE the burial or transit permit was issued

Wm. D. Childrey

Official
position

Health Officer

Date of
issue
of permit

6/16/30

Permit
No.

1750

15 DATE OF DEATH

June

14,

1930.

(Month)

(Day)

(Year)

16 I HEREBY CERTIFY, That I attended deceased from
9.00 P. June 14, 1930 to 9.00 P. June 14, 1930.

that I last saw h alive on (Stillborn. June 14, 1930.

and that death occurred, on the date stated above, at
The CAUSE OF DEATH was as follows: (State fully)

Undetermined, child was Stillborn.

Unknown--

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted
if not at place of death

Unknown.

Did an operation precede death No For what

Date of operation

Was there an autopsy No.

What test confirmed diagnosis None.

(Signed) Armand J. Lamoreaux, M. D.

(Address) Station Hospital, Port Banks, Mass.

Date

6/14/1930

18 PLACE OF BURIAL, CREMATION, OR REMOVA

DATE OF BURIAL

Oak Grove Medford June 16/1930

(Cemetery)

(City or town)

19 UNDERTAKER

ADDRESS

Michael J. Murphy 27 Warner St

W. Barnerville

(Approved by U. S. Census and American Public Health Association)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "laborer," "Portman," "Messenger," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (as *paid Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*; *Carcinoma, Sarcoma, etc.*, of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Malaria; Whooping cough; Chronic reticular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestive," "Sedle," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal, septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, puerperal, tetanus.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original increment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Peter Bent Brigham

St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 5498

2 FULL NAME Frances E. Bothamly

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 12 Prospect Avenue St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William B. Bothamly (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 60 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Kingston (State or country) Ontario

13 NAME OF FATHER William T. Cookson

14 BIRTHPLACE OF FATHER (City) England (State or country)

15 MAIDEN NAME OF MOTHER Joan Thelmo

16 BIRTHPLACE OF MOTHER (City) Quebec (State or country)

17 Informant William B. Bothamly (Address) Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

C. Sullivan

(Signature of Agent of Board of Health or other)

B H D June 15, 1930 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 14, 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That attended deceased from May 26, 1930, to June 14, 1930

I last saw her alive on June 14, 1930 death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinomatosis (origin unknown)
?Pancreas ?ovary

Date of onset mos.

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Clay, M. D.
(Address) Peter B. Brigham Date 6/15 1930

21 PLACE OF BURIAL Mt. Auburn Cambridge (Cemetery) (City or town)

DATE OF BURIAL June 17, 1930

22 NAME OF UNDERTAKER H F Cates West Newton ADDRESS

Received and filed June 18, 1930

A TRUE COPY, ATTEST:

(Registrar)

June 14, 1930.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



(City or town making return)

Registered No. 117

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

(If nonresident, give city or town and state)

1 PLACE OF DEATH
Suffolk
Winthrop
(City or Town)
No. 20 Seymour St. Ward {

2 FULL NAME Helen Nelson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 20 Seymour St. Ward,

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 17 Years 3 Months 13 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School
10 Date deceased last worked at this occupation (month and year) 6-4-30 11 Total time (years) spent in this occupation 13 years

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Joseph A. Nelson

14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER Jean S. Smith

16 BIRTHPLACE OF MOTHER (City) Scotland (State or country)

17 Informant Mrs. J. S. Nelson (Address) 20 Seymour St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William W. Childress
(Signature of Agent of Board of Health or other)

Agent June 17th
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH June 16 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from June 5, 1930, to June 16, 1930. Last saw him alive on June 16, 1930, death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Sudden from Septicemic meningitis. Date of onset 6/8, 6/15

Contributory causes of importance not related to principal cause: Auto appendicitis 4/5

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) (Address) Date 4-6-1930 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (City or town)

DATE OF BURIAL June 17 1930

22 NAME OF UNDERTAKER Frank A. Magalhães

ADDRESS East Boston

Received and filed June 17 1930

A TRUE COPY, ATTEST: (Registrar)

June 16. 1930

very important, so that the relative inactivity of men for every period can be known. Make some entry for every man who has been engaged 10 years or longer. If the man has been given up or changed his occupation, report the occupation he had been given up or changed to, if the disease causing death report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

8.—The trade, profession, or particular kind of work done

10.—The month and year the deceased last worked at the occupation

11.—The number of years the deceased followed the occupation.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Statement of cause of death.—Cause of death means the disease or injury, or complication which causes death, *not* the mode of dying, e. g., to the disease, injury, or complication. As principal causes, e. g., the disease, injury, causing death. A related causes, named earlier morbid conditions, if any, related to the principal cause, named any important complication of the principal cause. Under contrary causes of importance not related to principal cause, named any important diseases or injuries.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall buy or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. *Whether it is caused by violence, the medical examiner shall make such certificate.* If the death certificate contains a *rectal* as required by section ten of chapter forty-six, that the deceased was served in the army, navy or marine corps of the United States in any war in which it has been engaged, such *rectal* shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

.....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or till a human body in any commonwealth until he has received a permit so to do from the board of health or its agent appointed to that purpose, or if there is no such board, from the board of health, or from where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.. *Chap. 114, Sec. 46, G. L., as amended.*

State cases for which

State cause for which surgical operation was undertaken.
Bronchopneumonia: If primary cause, write the word
"primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death. Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, pilebitis, pyemia, septicaemia, tetanus.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. 803115

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Cambridge City Hospital

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Cornelius Doherty

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 36 Pearl Ave.

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W.

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

Ella J Daly

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 69 Years - Months - Days

If less than 1 day

Hours - Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Retired Hotel

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Keeper

10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF
FATHER

Michael Doherty

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Unknown

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17

Informant
(Address)

Philip Doherty

36 Pearl Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

1/2

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

June 17 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 11

1930, to

June 17

1930

I last saw him alive on June 17, 1930, death is said

to have occurred on the date stated above, at 10.15 A

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Carcinoma of Tongue unknown

Contributory causes of importance not related to principal cause:

Diabetes Mellitus

Unknown

Name of operation

Clinical & Lab

Date of

no

What test confirmed diagnosis?

Was there an autopsy?

no

20 Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Frank J. Gavolio

M. D.

(Address) Cambridge City Hosp date 6/17/1930

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Holy Cross Cem. Malden

(Cemetery)

(City or town)

DATE OF BURIAL June 20 1930

19

22 NAME OF
UNDERTAKER

Edwin A. Lane

ADDRESS

201 Bowdoin St. Dorchester

Received and filed June 20 1930

19

A TRUE COPY, ATTEST:

(Registrar)

Frederick H. Burke

June 17. 1930.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent,

STANDARD
CERTIFICATE OF DEATH

Registered No. 116

1 PLACE OF DEATH Suffolk County
Winthrop (City or Town)
No. Winthrop Community Hospital Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Harrigan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 101 Oak Island Ave. Revere Ward, (If U. S. War Veteran, specify WAR)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S. if foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) -

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days If less than 1 day 3 Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Massachusetts

13 NAME OF FATHER Harold Harrigan

14 BIRTHPLACE OF FATHER (City) Somerville (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Dorothy McCarthy

16 BIRTHPLACE OF MOTHER (City) Revere (State or country) Massachusetts

17 Informant (Address) Harold Harrigan
101 Oak Island Ave. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/18/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 6 / 18 / 30
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 6/17, 1930, to 6/18, 1930

I last saw him alive on 6/18/30, death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Immature baby
8th month

Contributory causes of importance not related to principal cause:

Placenta previa

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Michael H. Rich M. D. (Address) 114 Shirley Ave. Rv. Date 6/18 1930

21 PLACE OF BURIAL Oak Grove Medford CREMATION OR REMOVAL (City or town)

DATE OF BURIAL June 28th 1930

22 NAME OF UNDERTAKER Chas. P. Benson ADDRESS Winthrop Mass.

Received and filed 19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as aforesaid provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient by a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith condescend it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumaism (including resulting septicaemia) and by the action of chemical agents (but also deaths from disease

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faintly employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word, "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Winthrop
(City or town making return)

Registered No. 117

1 PLACE OF DEATH

No. 28 Chester ave. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude Lowell Gray (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) no

(a) Residence. No. 104 Langdon ave. St., Ward, Watertown, Mass. (If nonresident, give city or town and state)

Length of residence in city or town where death occurred — yrs. 9 mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Stanley nois Gray (Give maiden name of wife if not full)

(or) WIFE of Stanley nois Gray (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 31 Years 10 Months 9 Days If less than 1 day 3 Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Charles Boston (State or country) Mass

13 NAME OF FATHER William L. Thompson

14 BIRTHPLACE OF FATHER (City) Charlestown (State or country) Mass

15 MAIDEN NAME OF MOTHER Lauretta Jane Betts

16 BIRTHPLACE OF MOTHER (City) Hillsboro - Albert City (State or country) New Brunswick Can

17 Informant Stanley N. Gray (Address) 104 Langdon Ave. Watertown

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm W. Childress (Signature of Agent of Board of Health or other)

Agent June 19/30 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 18 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 13 1930, to June 15 1930

I last saw her alive on June 17 1930, death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Emphysema Aug 1929
Sanguine of the lung May 1930

Contributory causes of importance not related to principal cause:
Acute mastoiditis Jan 1929

Name of operation Rib resection Date of Aug 4 1929
What test confirmed diagnosis Personal Autopsy Was there an autopsy? no.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify Raymond B Parker M. D.
(Signed) Winthrop Mass. Date June 15 1930
(Address)

21 PLACE OF BURIAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL June 20 1930

22 NAME OF UNDERTAKER A. E. Long & Son Inc.

ADDRESS 179 Mass Ave. Cambridge, Mass.

Received and filed June 26 1930

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

June 18. 1930

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a declaration as required by section ten of chapter forty-six, that a deceased as served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to, whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 39, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 117

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or town)

No. 88 Winthrop St

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Arthur G. Taylor

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 88 Winthrop St

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED Widowed

Male White

5a If married, widowed, or divorced

HUSBAND of Cannot be learned
(Give maiden name of wife in full)(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 69 Years Months Days If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

File Clerk

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Gulf Refining Co

10 Date deceased last worked at
this occupation (month and
year) June 192811 Total time (years)
spent in this
occupation 10

12 BIRTHPLACE (City) Nottingham

(State or country)

England

13 NAME OF
FATHER

Cannot be learned

14 BIRTHPLACE OF
FATHER (City)

(State or country)

England

15 MAIDEN NAME
OF MOTHER

Cannot be learned

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

England

17

Informant William Fielding
(Address) 15 Chester AveI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm W. Childress

(Signature of Agent of Board of Health or other)

Agent
(Official Designation)June 19/30
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

June

18

(Month)

1930

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

June 17, 1930, to June 18, 1930.

Last saw him alive on June 18, 1930, death is said

to have occurred on the date stated above, at 8:30 A. m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Acute myocarditis

June 17
1930

Contributory causes of importance not related to principal cause:

Arterio-sclerosis

Chronic myocarditis

Several
years

Name of operation

Date of

What test confirmed diagnosis Chronic Cholesterol was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Raymond B Parker
Winthrop MassM. D.
Date June 18 193021 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop

(Cemetery)

Winthrop

(City or town)

DATE OF BURIAL

June

20

1930

19

22 NAME OF
UNDERTAKER

ADDRESS

John J. O'Malley
Winthrop

Received and filed

1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

June 18, 1913 D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
 - 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying, heart failure, asphyxia, asphyxia, etc. As principal cause, name the disease or injury causing death. As related causes, name any morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1911
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required, by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held; or from a person appointed to have the care of the cemetery or burial ground, in which the internment is made.—*Chap. 114, Sec. 40, G. L., as amended.*

State cause for which surgical operation was undertaken.
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, eczema, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 119

1 PLACE OF DEATH
Suffolk County
Winthrop (City or Town)
No. 70 Brookfield Road Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert G. S. Collamore (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 70 Brookfield Rd. St. Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED (write the word) WIDOWED OR DIVORCED married

6a If married, widowed, or divorced HUSBAND of Mary Nicholson (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years 8 Months 9 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Insurance
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business
10 Date deceased last worked at this occupation (month and year) 1912 11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Charlestown (State or country) Mass.

13 NAME OF FATHER Gilman Collamore

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Lucinda Cook

16 BIRTHPLACE OF MOTHER (City) Charlestown (State or country) Mass.

17 Informant Mrs. Mary Collamore (Address) 70 Brookfield Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/20/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 20 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 24 1926, to June 20 1930
I last saw him alive on June 20 1930, death is said to have occurred on the date stated above, at 11:30 AM
The principal cause of death and related causes of importance in order of onset were as follows:
Coronary Thrombosis Date of onset 6/19/30

Contributory causes of importance not related to principal cause:
Senility + Arterio-sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? 30
If so, specify Richard Preedy (Signed) (Address) 114 Pleasant St. Date 6/20 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Hope (Cemetery) Boston (City or town)
DATE OF BURIAL June 22, 30 19

22 NAME OF UNDERTAKER J. J. McKernan (Address) Boston

Received and filed June 26 1930 (Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and, *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asbestoma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and he set the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a verdict as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such verdict shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatic agents (fracturing septimera), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

1 PLACE OF DEATH { Essex (County)
Lynn (City or Town)
No. Lynn Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter Simitzis (If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 52 Wave Way Avenue St., Ward, Winthrop, Mass.
(Usual place of abode.) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED (write the word)
WIDOWED Married
or DIVORCED

5a If married, widowed, or divorced, HUSBAND of Mary Chorotas
(Give maiden name of wife in full)
(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 47 Years _____ Months _____ Days _____ If less than 1 day
Hours _____ Minutes _____

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, Salesman, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, Grocery, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) June 14, 1930 11 Total time (years) spent in this occupation 8

12 BIRTHPLACE (City) _____ (State or country) Greece

13 NAME OF FATHER Anastasios Simitzis

14 BIRTHPLACE OF FATHER (City) _____ (State or country) Greece

15 MAIDEN NAME OF MOTHER Ellen Kalyvas

16 BIRTHPLACE OF MOTHER (City) _____ (State or country) Greece

17 Informant Louis Simitzis
(Address) Wave Way, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

James A. Dumas, M.D.

(Signature of Agent of Board of Health or other)

Commissioner
(Official Designation)

6-21-30
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 20, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from June 16, 1930, to June 20, 1930
I last saw him alive on June 20, 1930, death is said to have occurred on the date stated above, at 7.25p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic nephritis
Hypertension

Date of onset

6/13/30

Contributory causes of importance not related to principal cause:

Name of operation none Date of _____
What test confirmed diagnosis? Laboratory Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? _____

If so, specify Ther. W. Zervas
(Signed) Wm. Mass. Date 6-21 1930
(Address) _____ M. D.

21 PLACE OF BURIAL, St. Wope, Boston
CREMATION OR REMOVAL _____ (City or town) 30
DATE OF BURIAL June 22 1930
(Cemetery)

22 NAME OF UNDERTAKER Chas. R. Bennison
ADDRESS Winthrop, Mass.

Received and filed July 5, 1930

A TRUE COPY, ATTEST:

(Registrar)

June 20. 1930

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTopsfield
(City or town making return)

Registered No. 120

PLACE OF DEATH

No. Salem St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Annie E. Kelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 25 Bates Ave St., Ward, Winthrop Mass
(Usual place of abode.) (If nonresident, give city or town and state)Length of residence in city or town where death occurred yrs. mos. 21 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widow (write the word)

5a If married, widowed, or divorced

HUSBAND of William E. Kelly (Give maiden name of wife in full)(or) WIFE of William E. Kelly (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years Months Days If less than 1 day Hours MinutesOCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation.12 BIRTHPLACE (City) Boston (State or country) Mass.13 NAME OF FATHER William G. Cole14 BIRTHPLACE OF FATHER (City) England (State or country)15 MAIDEN NAME OF MOTHER Ann Ward16 BIRTHPLACE OF MOTHER (City) England (State or country)17 Informant Mrs. John Duinell (Address) Topsfield, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William A. Perkins (Signature of Agent of Board of Health or other) Town Clerk (Official Designation) June 22, 1930 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 21, 1930
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from May 20, 1930 to June 21, 1930I last saw him alive on June 21, 1930, death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Atherosclerosis 1922
Chronic Endocarditis 1923
Acute Endocarditis June 19, 1930

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? no20 Was disease or injury in any way related to occupation of deceased? no
If so, specify (Signed) Byron Janborn, M. D.
(Address) Topsfield, Mass. Date June 22, 193021 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Mass. (Cemetery) (City or town)DATE OF BURIAL June 24, 193022 NAME OF UNDERTAKER W. H. Crosby
ADDRESS Danvers, Mass.Received and filed June 22, 1930
William A. Perkins

A TRUE COPY, ATTEST: (Registrar)

June 21. 1930.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial
permit with Board of
Health or its Agent.

1 PLACE OF DEATH *Winthrop* (County) *Winthrop* (City or Town)
No. *Center Water: Winthrop St. Thornton* { (If death occurred in a hospital or institution, give its NAME instead of street and number)
Sta. R.R. Dodge - { (If U. S. War Veteran, specify WAR)
2 FULL NAME *Curtis H. Dodge* -
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. *Winthrop: 55 Winthrop* St., *Winthrop* Ward, *Winthrop*
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. *6* mos. *0* days. How long in U. S., if of foreign birth? yrs. *0* mos. *0* days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married* (write the word)
6a If married, widowed, or divorced *Albie A. Dodge* HUSBAND of (Give maiden name of wife in full)
(or) WIFE of *(Maiden name)* (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE *74* Years *0* Months *0* Days If less than 1 day *0* Hours *0* Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chemist (retired)*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) *About 1 year ago* 11 Total time (years) spent in this occupation *10 yrs*
12 BIRTHPLACE (City) *Edgecomb* (State or country) *Maine*
13 NAME OF FATHER *Asa Dodge*
14 BIRTHPLACE OF FATHER (City) *Edgecomb* (State or country) *Maine*
15 MAIDEN NAME OF MOTHER *Louisa Davidson*
16 BIRTHPLACE OF MOTHER (City) *Edgecomb* (State or country) *Maine*
17 Informant *Waldo C. Dodge (son)* (Address) *200 Pauline St. Winthrop*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *June 22* 19*30*
(Month) (Day) (Year)
19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Drowning, suicide
(See reverse side for description for unknown person)
20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) *Lynn Byrnes Myrth* M. D.
(Address) *277 Main St. Winthrop* Date *27 June 1930*
21 PLACE OF BURIAL, CREMATION OR REMOVAL *Edgecomb* *Maine*
(Cemetery) (City or town)
DATE OF BURIAL *June 25* 19*30*
22 NAME OF UNDERTAKER *Charles R. Bennison*
ADDRESS *Winthrop Mass.*
Received and filed *June 30* 19*30*
(Registrar)

(Signature of Agent of Board of Health or other)

Wm. A. Childress 6/23/30
(Official Designation) (Date of Issue of Permit)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from its own, from one cemetery to another, or from one grave or tomb to another in the receiving tomb, or another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall issue such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given shall be the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained of the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

June 22, 1930

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 122

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 84 Triton Ave

St., 3 Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Frederick Barnes Cobb
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 84 Triton Ave

(Usual place of abode)

St., 3 Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 34 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of Anna Lignes Campbell (Cobb)
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years 4 Months 24 Days If less than 1 day
Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Proofreader

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Boston Newspapers

10 Date deceased last worked at
this occupation (month and
year) June 1/3011 Total time (years)
spent in this
occupation 20 yrs

12 BIRTHPLACE (City)

(State or country)

Taunton
Mass13 NAME OF
FATHER

Rubin R. Cobb

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Albion
Vermont15 MAIDEN NAME
OF MOTHER

Not Known

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Not Known

17 Informant
(Address)The Wife Anna A Cobb
84 Triton Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

June

23

(Month)

1930

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 22, 1930, to June 23, 1930.

I last saw him alive on June 23, 1930, death is said

to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Lobar Pneumonia

June 15/30

Contributory causes of importance not related to principal cause:

Polycystic Kidney (bilateral)

Unknown

Name of operation

none

Date of

What test confirmed diagnosis Pulmonary Ulceration

there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

Corynebacterium B. Parker

(Signed)

M. D.

(Address) Winthrop Mass

Date June 25 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Aspen Grove Ware Mass

(Cemetery)

(City or town)

DATE OF BURIAL

June 26

1930

22 NAME OF
UNDERTAKER

Walter T. White

ADDRESS

Winthrop Mass

Received and filed

June 26

1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

June 23, 1930

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *vessel merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asbestia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance, not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset	
1915	Chronic interstitial nephritis
1921	Arteriosclerosis
July 5, 1927	Cerebral hemorrhage
	Contributory causes of importance not related to principal cause:
	Fracture of arm
	Automobile accident
May 3, 1927	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chilblain, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**



(City or town making return)

Registered No. 123

1 PLACE OF DEATH Suffolk (County) Somerville notified
Winthrop (City or Town)
No. Fort Banks, Mass. St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward Leo Meyers
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) World War

(a) Residence. No. 45 Crescent Street, Somerville, Mass. Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W 5 SINGLE Married (write the word)
MARRIED Married
WIDOWED
OR DIVORCED

5a If married, widowed, or divorced
HUSBAND of Margaret Nicholson
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 56 Years 10 Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier U.S. Army

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soldier

10 Date deceased last worked at this occupation (month and year) June 1930 11 Total time (years) spent in this occupation 29

12 BIRTHPLACE (City) Washington, D.C.
(State or country)

13 NAME OF FATHER Charles C. Meyers

14 BIRTHPLACE OF FATHER (City) Germany
(State or country)

15 MAIDEN NAME OF MOTHER Catherine (Luker) Meyers

16 BIRTHPLACE OF MOTHER (City) Washington, D.C.
(State or country)

17 Informant Margaret N. Myers
(Address) 45 Crescent St. Somerville

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 6/25/30
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 24, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 18, 1930, to June 24, 1930.
I last saw him alive on June 24, 1930, death is said to have occurred on the date stated above, at 11.05 P.

The principal cause of death and related causes of importance in order of onset were as follows:

Cellulitis, acute, suppurative,
mastoid region, right, due to
streptococcus.

Date of onset

6/18/30

Contributory causes of importance not related to principal cause:

Name of operation Exploratory mastoidectomy Date of

What test confirmed diagnosis? Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify On duty Capt. M.C. M. D.
(Signed) (Address) Ft. Banks, Mass. Date June 25, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pocasset Hill Twentou RI
(Cemetery) (City or town)

DATE OF BURIAL June 27 1930

22 NAME OF UNDERTAKER Charles R. Beninson
ADDRESS Winthrop, Mass.

Received and filed June 26 1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

June 24 1930

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the date of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another, or receive a body from another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
"primary"; if secondary, give primary cause.
"Bronchopneumonia; If primary cause, write the word

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write, *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Altersolosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 124

PLACE OF DEATH

Suffolk County Boston notified
Winthrop
(City or town)
No. 369 Shirley

St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Louis Bennett
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 33 Wallbridge St., Allston Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 10 days. How long in U. S., if of foreign birth? 45 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced HUSBAND of Jennie Gilbert Bennett
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 62 Years — Months — Days If less than 1 day Hours — Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing (Traveling)
10 Date deceased last worked at this occupation (month and year) June 1930 11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Warsaw (State or country) Poland

13 NAME OF FATHER Wolf Bennett (Address)

14 BIRTHPLACE OF FATHER (City) Poland (State or country)

15 MAIDEN NAME OF MOTHER Helen Eisenblatt

16 BIRTHPLACE OF MOTHER (City) Poland (State or country)

17 Informant Mrs. J. Bennett (Address) 33 Wallbridge St., Allston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
(Signature of Agent of Board of Health or other Health Officer)
(Official Designation) (Date of Issue of Permit) 6/27/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 6 / 24 / 30
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from 6/21, 1930, to 6/24, 1930

I last saw him alive on 6/24, 1930, death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Thrombosis. 6/15/30

Contributory causes of importance not related to principal cause:

General arteriosclerosis 192.7
Pulmonary emboli 6/12/30
Injury to chest. 6/15/30

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Richard H. H. H. M. D.
(Address) 114 Cherry Ave. Boston Date 6/24 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL So. Norwalk Conn.
(Cemetery) (City or town)

DATE OF BURIAL June 25, 1930

22 NAME OF UNDERTAKER Benjamin F. Solomon
ADDRESS 34 Milford St., Rochester.

Received and filed June 26, 1930

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not faultily employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private* *junior*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term *laborer*, when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) Attending physicians will certify to such deaths only as illness from disease unrelated to any form of injury.
- (2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) Medical Examiners will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicæmia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 66/25

PLACE OF DEATH

Essex

(County)

Marblehead

(City or Town)

No. New Fountain Inn

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Alice Cook Sheperd

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 36 Pleasant St.

St.,

Ward,

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

5

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Dr. James Sheperd

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 63

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.None9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.At Home10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.13 NAME OF
FATHERAmasa Newell Cook14 BIRTHPLACE OF
FATHER (City)Portsmouth

(State or country)

N.H.15 MAIDEN NAME
OF MOTHERMary A. Seaver16 BIRTHPLACE OF
MOTHER (City)Boston

(State or country)

Mass.

17

Informant

Mrs. Stewart S. Perry

(Address)

36 Pleasant St., Winthrop

A TRUE COPY

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

June 27, 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof are
as follows: (If an injury was involved, state fully)Coronary Sclerosis
(Sudden Death)

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

Suicide or

Homicide?

Date of injury

19

Where did

injury occur?

(City or town and State)

Manner of

Injury

Nature of

Injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

James E. Simpson

(Signed)

M. D.

(Address)

Salem, Mass.Date 6-30 19 30

22 PLACE OF BURIAL,

CREMATION OR REMOVAL

Mt. Auburn, Watertown

(Cemetery)

(City or town)

DATE OF BURIAL

June 30, 1930

19

23 NAME OF

UNDERTAKER

Short & Williamson, Inc.M. K. Short

ADDRESS

Allston, Mass.

Received and filed

July 8, 1930

19

(Registrar of City or Town where deceased resided)

over 2000
June 27. 1930.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 126

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 71 Read St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Charles Olavus Gundersen
(If deceased is a married, widowed, or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 71 Read St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Mary T. Roulet
(Give maiden name of wife in full)

(or) WIFE of _____
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years 6 Months 17 Days If less than 1 day
Hours _____ Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reed Boat Co.
10 Date deceased last worked at this occupation (month and year) March 1930 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Christiania
(State or country) Norway

13 NAME OF FATHER Carl Gundersen

14 BIRTHPLACE OF FATHER (City) Christiania
(State or country) Norway

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) " " "
(State or country) Norway

17 Informant Mary T. Gundersen
(Address) 71 Read St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Chiswick
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/28/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 27 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 22 1930, to June 27 1930.
last saw him alive on June 26 1930, death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of Bladder Sept. 1929

Contributory causes of importance not related to principal cause:

Name of operation none Date of _____
What test confirmed diagnosis Personal Biopsy Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Mass Date June 27 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn, Everett
(Cemetery) (City or town)
DATE OF BURIAL June 29 19 30

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop, Mass.

Received and filed July 4 19 30

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of causes of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, hasten for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selection for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a *rectal* as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such *rectal* shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 127

1 PLACE OF DEATH { Suffolk County)
Winthrop (City or Town)
No. 294 Revere St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Eyles Evans
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 294 Revere St., Ward, (If U. S. War Veteran, specify WAR)
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Edward Evans

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years 1 Months 2 Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) England.

PARENTS

13 NAME OF FATHER Charles Eyles.

14 BIRTHPLACE OF FATHER (City) (State or country) England.

15 MAIDEN NAME OF MOTHER Mary Bailey.

16 BIRTHPLACE OF MOTHER (City) (State or country) England.

17 Informant Eleanor G. Evans
(Address) 294 Revere St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 6/28/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 27 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 5 1930 to June 27 1930

I last saw her alive on June 26 1930, death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocarditis Jan 1929

Contributory causes of importance not related to principal cause:

Name of operation no Date of

What test confirmed diagnosis Personal blood Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Raymond W. Parker M. D.

(Address) Winthrop Mass Date June 27 1930.

21 PLACE OF BURIAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL June 29 1930

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass.

Received and filed 1930

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer." Then a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by a state factory written statement containing the facts required by a state original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a detail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any permit, in which it has been engaged, such detail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 5882 128

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helena A Foxcroft

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 88 Winthrop

St.,

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Female

White

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

George A. Foxcroft

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

75

AGE

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION.

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Natick

(State or country)

Mass.

13 NAME OF FATHER

Timothy Healy

14 BIRTHPLACE OF FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME OF MOTHER

Julia Kelliher

16 BIRTHPLACE OF MOTHER (City)

Ireland

(State or country)

17

Informant

(Address)

John Foster

8 Vine Avenue, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A E Crampton

(Signature of Agent of Board of Health or other)

B H D

June 30, 1930

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

June

29,

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

June 4,

19 30,

to June 29,

19 30

I last saw her alive on June 29, 1930, death is said

to have occurred on the date stated above, at 7:03 P M

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Carcinoma of the stomach
Primary

1 mo.

Intestinal obstruction

17 dys.

Contributory causes of importance not related to principal cause:

Broncho Pneumonia

5 days

Exploratory Laparotomy-Posterior

Name of operation Gastro Enterostomy & Ileostomy.

Date of 6/9 & 19

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Norman C. Baker

(Signed)

M. D.

(Address)

Mass. General Hosp. Date 6/30/30

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt. Auburn,

Cambridge

(Cemetery)

(City or town)

DATE OF BURIAL

July 2,

19 30

22 NAME OF UNDERTAKER

J F O'Maley

ADDRESS

Winthrop, Mass.

Received and filed

July 2,

19 30

A TRUE COPY, ATTEST:

June 29. 1930.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

suffolk

(County)

Winthrop

(City or Town)

Winthrop

(City or town making return)

Registered No. 129

No. 55 Cliff Ave.

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Emma L. Ruether Gindele

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 55 Cliff Ave

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED Married

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

William J. Gindele

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 65 Years Months Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year) Feb 192911 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

Philadelphia
Pennsylvania13 NAME OF
FATHER

Christian Ruether

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Germany

15 MAIDEN NAME
OF MOTHER

---Klobe

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Germany

17

Informant
(Address)William J. Gindele
55 Cliff Ave Winthrop

J

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. L. Gindele
(Signature of Agent of Board of Health or other)

(Official Designation)

6/30/30
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

June

29

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 5, 1930, to June 27, 1930

I last saw her alive on June 27, 1930, death is said
to have occurred on the date stated above, at 3:45 P.M.The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Carcinoma of breast

1927

Contributory causes of importance not related to principal cause:

chronic peritonitis
nephritis

Name of operation

none

Date of

What test confirmed diagnosis? Path. Exam. Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Lattie J. Saunders, M. D.

(Address) 32 Woodside Pk., Winthrop Date June 27, 1930

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Mt Auburn Cambridge
(Cemetery) (City or town)

DATE OF BURIAL July 1 1930 19

22 NAME OF
UNDERTAKER

ADDRESS

Received and filed 1930

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not actually employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," mill, etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	<i>May 3, 1927</i>
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permit, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent upon receipt of such statement and certificate, shall forthwith, upon request of the person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof, which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Suffolk

(County)

Boston

(City or Town)

No. Deaconess Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Boston

(City or town making return)

Registered No. 5878

STANDARD
CERTIFICATE OF DEATH

2 FULL NAME Charles H. Palmer

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 19 Lewis Ave St., Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED Married	(write the word)
----------------------	---------------------------------	---	------------------

5a If married, widowed, or divorced Alice H. Johnson

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years 9 Months 10 Days If less than 1 day Hours Minutes

OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Insurance Adjuster
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Brotherhood Accident Co.
	10 Date deceased last worked at this occupation (month and year)	5/1/30

11 Total time (years) spent in this occupation 33 yrs.

12 BIRTHPLACE (City) Nahant
(State or country) Mass.

13 NAME OF FATHER Charles H Palmer

14 BIRTHPLACE OF FATHER (City) (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant Alice H Palmer
(Address) 19 Lewis Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Henry F. Riley

(Signature of Agent of Board of Health or other)

B H D June 29, 1930

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 29, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 16, 1930 to June 29, 1930

I last saw him alive on June 28, 1930 death is said to have occurred on the date stated above, at 2:10 A M

The principal cause of death and related causes of importance in order of onset were as follows:

Diabetes	10 yrs.
Angina Pectoris	1 1/2 yrs.
Hypertrophied Prostate	1 - 2 yrs.
Urethral Strictures	

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H H Crabtree M. D.

(Address) Boston, Mass. Date 6/29/19 30

21 PLACE OF BURIAL, CREMATION OR REMOVAL Nahant Nahant, Mass
(Cemetery) (City or town)

DATE OF BURIAL July 1, 1930

22 NAME OF UNDERTAKER W T White
ADDRESS Winthrop, Mass.

Received and filed July 1, 1930

A TRUE COPY, ATTEST:

(Registrar)

June 29. 1930.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 130

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 8 Edgehill Rd.

St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Annie F. Archdeacon

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 8 Edgehill Rd.

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

WIDOWED
or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

Annie F. Smith
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

57

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

13 NAME OF
FATHER

Henry C. Smith

14 BIRTHPLACE OF
FATHER (City)

(State or country)

15 MAIDEN NAME
OF MOTHER

Ann Reagan

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

17

Informant
(Address)

8 Edgehill Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William W. Children

(Signature of Agent of Board of Health or other)

Agent

July 1st 1930

(Office Designation)

Date of Issue of Permit

18 DATE OF
DEATH

June

(Month)

30

(Day)

1930

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1929 to June 27, 1930

I last saw her alive on June 27, 1930, death is said
to have occurred on the date stated above, at 8 A. m.The principal cause of death and related causes of importance in order of
onset were as follows:

uterine carcinoma

Date of onset

July 1st

Contributory causes of importance not related to principal cause:

Name of operation

none

Date of

X

What test confirmed diagnosis?

Was there an autopsy? 200

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John MacDonnell, M. D.
376 Broadway Boston Date June 30, 193021 PLACE OF BURIAL,
CREMATION OR REMOVAL

New Cemetery

DATE OF BURIAL

July 3rd

1930

22 NAME OF
UNDERTAKER

W. F. Mc Caffrey

ADDRESS

15 Albany Street Boston

Received and filed

July 2

1930

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *boiler*, *mechanic*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, apoplexy, asbestia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second case given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received the permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate, of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, if death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it, and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include and not only deaths caused directly or indirectly by traumas (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 133

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community St. 408 Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Baby Roberts

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 359 Shirley St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred — yrs. 2 mos. — days. How long in U. S., if of foreign birth? — yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

Stillborn

7 AGE — Years — Months — Days If less than 1 day Hours — Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Winthrop

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass

13 NAME OF FATHER

John Roberts

14 BIRTHPLACE OF FATHER (City)

Watertown

(State or country)

Mass

15 MAIDEN NAME OF MOTHER

Mary Meily

16 BIRTHPLACE OF MOTHER (City)

Lawrence

(State or country)

Mass

17

Informant (Address)

John Roberts 359 Shirley St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress (Signature of Agent of Board of Health or other)

Health Officer 7/3/30 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 2 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw h..... alive on....., 19....., death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Still born (7 mos.)

Dec. 1929

Contributory causes of importance not related to principal cause:

Name of operation..... Date of..... What test confirmed diagnosis? Clinical Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Jacob Liberman M.D.

(Signed) 562 Shirley St. M. D.

(Address) Winthrop, Mass. Date July 3 1930.

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph Rch (Cemetery) (City or town)

DATE OF BURIAL July 3 1930

22 NAME OF UNDERTAKER Joseph J. Valente

ADDRESS 360 Watertown St Newton

Received and filed July 2 1930

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. *Children.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer," then a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained easily, or if, for the purpose, or is insufficient, by a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a detail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such detail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposed due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29. No. 7180-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Smithrop
(City or town making return)
134
Registered No.

1 PLACE OF DEATH
Sweden
(Country)
Gothenberg
(City or Town)

No. St. Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *John A Nilson*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) *None*

(a) Residence. No. *25 Loring Rd.* St. Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. *1* mos. days. How long in U. S., if of foreign birth? *50* yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Married* (write the word)
5a If married, widowed or divorced HUSBAND of *Anna Charlotte Carlson*
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here. *-*

7 AGE *72* Years *6* Months *27* Days If less than 1 day Hours Minutes

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Superintendent*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Woodworking*
10 Date deceased last worked at this occupation (month and year) *May 25, 1930* 11 Total time (years) spent in this occupation *45*

12 BIRTHPLACE (City) *Rosere*
(State or country) *Sweden*

13 NAME OF FATHER *Nils Nilson*

14 BIRTHPLACE OF FATHER (City) *Sister*
(State or country) *Sweden*

15 MAIDEN NAME OF MOTHER *Maria Pearson*

16 BIRTHPLACE OF MOTHER (City) *Rosere*
(State or country) *Sweden*

17 Informant *Mrs. Anna C. Nilson*
(Address) *25 Loring Rd. Waltham*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) *8/5/30*
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *July 3 1930*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19....., death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance in order of onset were as follows:

Infarction Aorta

Date of onset
8

Contributory causes of importance not related to principal cause:

Homopercard

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *C. A. Forsgren* M. D.
(Address) *Waltham, Sweden* Date *7/3* 19*30*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Smithrop*
(Cemetery) (City or town)

DATE OF BURIAL *Aug 9 1930*

22 NAME OF UNDERTAKER *Christian J. Berglund*
ADDRESS *Cambridge Mass*

Received and filed *Aug 4 1930* 19.....

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying, *e. g.* heart failure, asphyxia, asbestosis, etc. As principal cause name the disease or injury causing death. As related causes, name any other morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contrary causes of complication of the principal cause. Under contrary causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Apertecostosis</i>	1915
<i>Chronic interstitial nephritis</i>	1911
<i>Cerebral hemorrhage</i>	July 5, 1917
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	May 3, 1917
.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of a member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a permit may be obtained from the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retinal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retinal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. **Bronchopneumonia:** If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 6088 135

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Peter Bent Brigham Hospital

St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A Martin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 30 Woodside Avenue

St., Ward, Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widow

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Michael F. Martin

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 47

Years

Months

Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housework

10 Date deceased last worked at this occupation (month and year)

June 1930

11 Total time (years) spent in this occupation

35 yrs.

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF FATHER

Patrick McNulty

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Bridget Quinn

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Patrick Clancy

Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A.E. Crampton

(Signature of Agent or Board of Health or other)

B H D

July 8, 1930

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

July

7,

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

May 29,

30

July 7,

30

or

July 7,

19 30

I last saw him alive on

to have occurred on the date stated above, at 9:40A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Generalized arteriosclerosis

yrs.

Congenital polycystic kidneys.

yrs.

Bilateral bronchopneumonia

dys

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Clay

M. D.

(Address) Peter B. Brigham

Date 7/7/ 19 30

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Holy Cross

Malden

(Cemetery)

(City or town)

DATE OF BURIAL

July 9,

19 30

22 NAME OF UNDERTAKER

R C Kerby

ADDRESS

E Boston, Mass.

Received and filed

July 10, 19 30

A TRUE COPY, ATTEST:

(Registrar)

July 7. 1930.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29. No. 7180-b



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

Essex

(County)

Danvers

(City or town making return)

PLACE OF DEATH

Danvers

(City or Town)

No. **Danvers State Hospital**

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No.

2 FULL NAME

Herbert H. Brown

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **69 Birch Road**

(Usual place of abode)

St.,

Ward **Winthrop**

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs. **2**mos. **4**

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE (write the word)

MARRIED**married**

5a If married, widowed or divorced

HUSBAND of

Mary Elizabeth O'Brien

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE **74**

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chef

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Yarmouth,

(State or country)

N.S.

13 NAME OF FATHER

George H. Brown,

14 BIRTHPLACE OF FATHER (City)

Yarmouth,

(State or country)

N.S.

15 MAIDEN NAME OF MOTHER

Emeline Carr

16 BIRTHPLACE OF MOTHER (City)

Yarmouth,

(State or country)

N.S.

17

Informant (Address)

Gertrude F. Smith,**Hathorne**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Hugo Nappe

(Signature of Registrar or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

July 16, 1930.

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

May 12,**1930,****to July 16,****1930.**I last saw him alive on **July 16, 1930**, death is saidto have occurred on the date stated above, at **8.05 A.M.**

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis 10 yrs?

Date of onset

Contributory causes of importance not related to principal cause:

Congestive heart failure

Name of operation

Date of

What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Edgar C. Yerbury

(Address)

Hathorne**7/17/30.**

M. D.

Date

19

21 PLACE OF BURIAL, **Winthrop Winthrop**

CREMATION OR REMOVAL

(Cemetery)

July 18, 1930

DATE OF BURIAL

19

22 NAME OF UNDERTAKER

Charles R. Bennison

ADDRESS

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

July 16. 1930.

17,759.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

To be filed for burial
permit with Board of
Health or its Agent.

1 PLACE OF DEATH
Suffolk,
(County)
Winthrop,
(City or Town)
No. Street near 55 Sargent St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 137

2 FULL NAME DANIEL JOSEPH EDWARD SULLIVAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 34 Herbert Street, St., Ward, Lynn, Mass.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED Married (Write the word)

5a If married, widowed, or divorced
HUSBAND of Florence Liaco
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 22 Years 2 Months 26 Days If less than 1 day
Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Line man (Elec)
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Suburban Elec Co
10 Date deceased last worked at this occupation (month and year) July 1930
11 Total time (years) spent in this occupation 4

12 BIRTHPLACE (City) Lynn
(State or country) Mass

13 NAME OF FATHER Daniel Sullivan

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Mary Lioney

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Florence Sullivan
(Address) 34 Herbert St Lynn

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

nm - Depledge
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) July 18/1930

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 17, 1930.
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Electric shock, accidental

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop, Mass.

(Signed) Dr. Ben Mynett, M. D.

(Address) 122 S. 1st St. Co. Date 1898 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Josephs Lynn
(Cemetery) (City or town)

DATE OF BURIAL July 21 1930

22 NAME OF UNDERTAKER Garrett & Hall

ADDRESS Lynn Mass

Received and filed 27 1930

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...—*Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

July 17, 1930.
J. C. Sullivan

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 138

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 95 Bowdoin St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Lauriston Hall

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 95 Bowdoin St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of Susan Dolloff
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 78 Years 2 Months 16 Days If less than 1 day
Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barker Stockwell Co. Machine Shop
10 Date deceased last worked at this occupation (month and year) 9 yrs
11 Total time (years) spent in this occupation 10 yrs

12 BIRTHPLACE (City) Plymouth
(State or country) Massachusetts

13 NAME OF FATHER John Hall.

14 BIRTHPLACE OF FATHER (City) Plymouth.
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Sarah Manning

16 BIRTHPLACE OF MOTHER (City) Nashua
(State or country) New Hampshire

17 Informant Warren C. Hall. (son)
(Address) 15 Bowdoin St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)

(Date of Issue of Permit) 7/21/30

18 DATE OF DEATH July 18 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 16 1930, to July 15 1930.
last saw him alive on July 15 1930, death is said

to have occurred on the date stated above, at 6:30 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis 1927.
Chronic bilateral nephritis 1927.

Contributory causes of importance not related to principal cause:

Name of operation none. Date of
What test confirmed diagnosis: Personal Observation there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify Raymond B Parker, M. D.
(Signed) Winthrop Mass Date July 19 1930.
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL General Wood
(Cemetery) (City or town)

DATE OF BURIAL July 21 1930

22 NAME OF UNDERTAKER Chas. E. Bennett
ADDRESS Winthrop Mass

Received and filed July 24 1930

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, send to the Registrar a certificate of death, signed by him, or by some other person of or of any member of the family of the deceased, and by the funeral director, or by some other person, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall buy or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which may be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chapter 114, Sec. 45, G. L., as amended.*

Sec. 73. Civil and criminal examiners shall make examination upon the view of the dead bodies of all such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have come to do from the board of health or its agent has received a such permits, or if there is no such board, from the selectmen of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...*Chap. 114, Sec. 46, G. S. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only if the disease is **unavoidable** and **not** **preventable** as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease** resulting from **injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of *home housework*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *electrical, mechanical, engineer, mining engineer, civil engineer, etc.* Avoid the term "laborer" when a person is doing manual work. Do not use the term "mechanic," but give the exact occupation, as *carpenter, joiner, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication, which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example would be the second cause given.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making report)

Registered No. 139

Suffolk

(County)

Winthrop

(City or Town)

No. Fort Banks, Mass.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Limbrock, James E.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

(Usual place of abode)

St.

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 41 Years 10 Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier U.S. Army.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) July 10, 1930

11 Total time (years) spent in this occupation 11

12 BIRTHPLACE (City) Indianapolis, (State or country) Indiana.

13 NAME OF FATHER Unknown

14 BIRTHPLACE OF FATHER (City) Unknown (State or country)

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Unknown (State or country)

17 Informant Fort Banks Records (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. J. Chandler (Signature of Agent of Board of Health or other)

Health Officer 7/24/30 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 23 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 15, 1930, to July 23, 1930

I last saw him alive on July 23, 1930, death is said to have occurred on the date stated above, at 3.20 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

1. Lung, abscess of, acute, severe, right upper lobe. 2. Pleurisy, inter-lobar, sero fibrinous, between upper and middle lobes, right, secondary to No. 1. Date of onset: Apr. 15, 1930

Contributory causes of importance not related to principal cause:

Name of operation None Date of What test confirmed diagnosis? X-Ray findings Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Capt. M.C. (Address) Fort Banks, Mass. Date 7/24 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Anderson, Indiana. (Cemetery) (City or town)

DATE OF BURIAL 7/27 1930

22 NAME OF UNDERTAKER C. R. Bennisson ADDRESS 147 Winthrop St. Winthrop

Received and filed 7/25 1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

28.1930

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *that of school or at home*. For a woman whose only occupation was *that of home housework*, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation—*what*—*ever* write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, aethenia, etc. As principal cause, name the disease or injury causing death. As related cause, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and move it from a town, from one cemetery to another, or from a grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate is hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of his death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made.—*Chap. 114, Sec. 40, G. L., as amended.*

State cause for which surgical operation was undertaken.—*Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.*

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. 140

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S.
War Veteran,
specify WAR)

(If nonresident, give city or town and state)

Yrs. mos. days. How long in U. S., if of foreign birth? Yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word) MARKED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days 10 Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop, Mass. (State or country)

13 NAME OF FATHER Harry Sidman

14 BIRTHPLACE OF FATHER (City) Russia (State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Wiseman

16 BIRTHPLACE OF MOTHER (City) Russia (State or country)

17 Informant Harry Sidman (Address) 740 Winthrop Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

(Official Designation)

July 25/1930 (Date of Issue of Permit)

18 DATE OF DEATH July 24 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 24 1930 to July 24 1930. Last saw him alive on July 24 1930, death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

congenital heart July 24/1930
died 10 hrs.

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) Frank F. Andler M. D. (Address) 66 Shubert Ave Boston Date July 25 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Everett Mass. (Cemetery) (City or town)

DATE OF BURIAL 19

22 NAME OF UNDERTAKER Mabel Stoughton ADDRESS 19 Eaton St. Boston

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits and professions may be ascertained. Make a record for a person aged 10 years or over, if the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement, or *child home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family cook*—*house*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the *engineer's* *occupation*, as *chief electrical engineer*, *mechanical engineer*, *stationary engine*, etc. Avoid the word "mechanic" when not more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or condition which caused death, *not* the mode of death. It is not heart failure, pulmonary embolism, or asphyxia, etc. As principal cause, name the disease or injury causing death. As related causes, name the morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person who has attended during his last illness, inform the coroner of the death, and if he has his own reasons for not attending the deceased, or if he has his own reasons for not attending the deceased, he shall send to the coroner a statement of his reasons for not attending the deceased, and if he has his own reasons for not attending the deceased, he shall send to the coroner a statement of his reasons for not attending the deceased.

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L. as amended.*

Sec. 45, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; and otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the remains of which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.. *Chap. 114, Sec. 46, G. L., as amended.*

Sec. 46, G. L., as amended.

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 141

PLACE OF DEATH

No.

(City or Town)

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

(Usual place of abode)

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

5a If married, widowed, or divorced,

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 60

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years)

spent in this occupation

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

July 22, 1930 to July 25, 1930

Last saw her alive on July 25, 1930, death is said

to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Acute tonsillitis 7/22/1930

Contributory causes of importance not related to principal cause:

Edema of Glottis

Name of operation

Emergency tracheotomy

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lewis Reed, M. D.

(Address) 159 Washington St. Date 7/25/1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

19

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanic, mining engineer, stationary engineer*, etc. Avoid the term "engineer" when a precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *real merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons **not disabled by recognized disease**, and those of persons **found dead**.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHWentworth
(City or town making return)

Registered No. 23142

PLACE OF DEATH

Suffolk
(County)Wentworth
(City or Town)

No. 36 Dead St.

St.

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Victor Fors

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 36 Dead

St.

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs.

mos.

days.

How long in U. S., if of foreign birth? 2 yrs.

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

Anna E. Peterson
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 58 Years 0 Months 0 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinster,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year) 192011 Total time (years)
spent in this
occupation 40

12 BIRTHPLACE (City)

(State or country)

Sadden

13 NAME OF
FATHER14 BIRTHPLACE OF
FATHER (City)

(State or country)

Loren Sweden

15 MAIDEN NAME
OF MOTHER16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Sweden

17

Informant

(Address)

Wm. N. Childress

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. N. Childress
(Signature of Agent of Board of Health or other)H. O.
(Official Designation)August 1, 1930
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

July

30

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

July 25, 1930, to July 30, 1930

I last saw him alive on July 30, 1930, death is said

to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Myocarditis

Date of onset

1925

Contributory causes of importance not related to principal cause:

Coronary atherosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

C. W. Childress
1214 1st St. N. W.M. D.
Date 8/1/193021 PLACE OF BURIAL,
CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

1930

22 NAME OF
UNDERTAKER

ADDRESS

Received and filed

Aug 5

1930

A TRUE COPY, ATTEST:

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying *e. g.*, heart failure, asphyxia, asthemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	.....

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or of any member of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. **Bronchopneumonia:** If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 143

PLACE OF DEATH

(County)

(City or Town)

No. Community Hospital North

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bessie Micken

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 82 Prospect

(Usual place of abode)

St., Ward

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

YRS.

mos.

days. How long in U. S., if of foreign birth?

YRS.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED married

(write the word)

6a If married, widowed, or divorced

HUSBAND of Almon

(Give maiden name of wife in full)

(or) WIFE of Almon

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 65

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) July 1-30

11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City)

(State or country) Russia

13 NAME OF FATHER Grace Finckstein

14 BIRTHPLACE OF FATHER (City)

(State or country) Russia

15 MAIDEN NAME OF MOTHER can not be located

16 BIRTHPLACE OF MOTHER (City)

(State or country) Russia

17

Informant (Address) Almon Micken

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial of transit permit was issued:

William W. Childress

(Signature of Agent of Board of Health or other)

agent

(Official Designation)

Aug 14 1930

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 1 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from July 31, 1930, to Aug 1, 1930.

I last saw him alive on July 31, 1930, death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance in order of onset were as follows;

Myocardial

Date of onset

Contributory causes of importance not related to principal cause:

hypertension

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dr. J. H. Smith

M. D.

(Address) 72 Shirley Ave

Date Aug 1, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL 2nd Ave of Boston Montreal

(Cemetery) W. H. W. (City or town)

DATE OF BURIAL Aug 3

1930

22 NAME OF UNDERTAKER Charles J. Bingham

ADDRESS 78 Village St. Boston

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important. So that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter, shoe and saddle maker, joiner*. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asphemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	<i>May 3, 1927</i>

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground, in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. "primary"; If secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 144

1 PLACE OF DEATH *Caribou, Maine*
Suffolk,
(County)
Winthrop.
(City or Town)
No. Ft. Banks, Mass., St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bell, Albert C.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. Caribou, Maine St., Med. Ward,
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White. 5 SINGLE MARRIED WIDOWED or DIVORCED Single. (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 32 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer,
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Aug. 4th 1930 11 Total time (years) spent in this occupation 14

12 BIRTHPLACE (City) Maine.
(State or country)

13 NAME OF FATHER Unknown

14 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

17 Informant (Address) Records. & Maj. Turner.
Fort Banks, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
(Official Designation) (Date of Issue of Permit) 8/6/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 5th 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 4th 1930 to August 5th, 1930
I last saw him alive on Aug. 5th 1930, death is said to have occurred on the date stated above, at 10.00 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

1. Septic sore throat, severe due to Streptococcus infection. Aug. 2,
2. Paralysis, bulbar, acute, severe due to No. 1. 1930

Contributory causes of importance not related to principal cause:
None

Name of operation None Date of
What test confirmed diagnosis? Laboratory cultures. Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no.
If so, specify (Signed) J. S. Russ 1st Lt. M.C. M. D.
(Address) Fort Banks, Mass. Date Aug. 6, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Caribou, Me.
(Cemetery) (City or town)
DATE OF BURIAL August 8 1930

22 NAME OF UNDERTAKER Charles J. Turner,
ADDRESS Winthrop, Mass.

Received and filed 19

A TRUE COPY, ATTEST: (Registrar)

United States Standard Cert

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. *Children not gainfully employed may be returned as at school or at home.* For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family cook*, *maid*, etc. For a person who had no occupation what-

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *tailor* and *seamstress* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Stem of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying. *e. g.*, heart failure, asphyxia, pneumonia, etc. As principal cause, name the disease or injury causing death. As related causes, name each earlier morbid condition, if any, related to the principal cause and any important complication of the principal cause. Under contraindications, list the causes of death, not related to principal cause, name the other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 40, Sec. 9.*

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the cemetery tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any year in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statements and certificate, shall forthwith condescend it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, § 1m, as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, and otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes of a deceased person, or any other thing, into the commonwealth unless the person has first received a permit so to do from the board of health, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
Bronchopneumonia: If primary cause, write the word
"primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, metastases, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

tion should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29, No. 7180-b

		Suffolk (County)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		Boston (City or town making return)	
		Boston (City or Town)		STANDARD CERTIFICATE OF DEATH		Registered No. 8810	
PLACE OF DEATH		No. Boston City Hospital		St., Ward		{ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME		Kathleen I Kelly		{ (If U. S. War Veteran, specify WAR)			
(a) Residence. No.		16 Pearl Ave		St., Ward, Winthrop		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		yrs. mos. days		How long in U. S., if of foreign birth?		yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS							
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED	(write the word)				
Female	White	Single					
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)							
(or) WIFE of (Husband's name in full)							
6 IF STILLBORN, enter that fact here.							
7 AGE	56	Years	Months	Days	If less than 1 day	Hours Minutes	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker							
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home							
10 Date deceased last worked at this occupation (month and year) Nov. 1929							
11 Total time (years) spent in this occupation 25 yrs							
12 BIRTHPLACE (City) (State or country) New Brunswick							
13 NAME OF FATHER Edward Kelly							
14 BIRTHPLACE OF FATHER (City) (State or country) New Brunswick							
15 MAIDEN NAME OF MOTHER Mary Burke							
16 BIRTHPLACE OF MOTHER (City) (State or country) New Brunswick							
17 Informant (Address) C B Kelly Winthrop, Mass.							
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: A E Crampton (Signature of Agent of Board of Health or other)							
B H D August 7, 1930 (Official Designation) (Date of Issue of Permit)							
MEDICAL CERTIFICATE OF DEATH							
18 DATE OF DEATH		August 5, 1930		(Month) (Day) (Year)			
19 I HEREBY CERTIFY, That I attended deceased from July 29, 1930, to August 5, 1930							
I last saw her alive on August 5, 1930, death is said to have occurred on the date stated above, at 6:35P m.							
The principal cause of death and related causes of importance in order of onset were as follows:							
Carcinoma (site unknown)		unk					
Secondary anemia		1 mo.					
Contributory causes of importance not related to principal cause:							
Cardiac Failure		2 dys					
Name of operation Date of							
What test confirmed diagnosis? Was there an autopsy?							
20 Was disease or injury in any way related to occupation of deceased?							
If so, specify A M Roscoe M. D.							
(Signed) Boston City Hosp. Date 8/6/ 1930							
(Address)							
21 PLACE OF BURIAL, CREMATION OR REMOVAL		Holy Cross Malden		(Cemetery) (City or town)			
DATE OF BURIAL		August 8, 1930					
22 NAME OF UNDERTAKER		F A Magrath					
ADDRESS		E Boston, Mass.					
Received and filed		August 9, 1930					
A TRUE COPY, ATTEST:				(Registrar)			

Aug. 5. 1930. 8

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Reverend
(City or town making return)

Registered No. *146*

PLACE OF DEATH

No. *Winthrop Hospital* St. *Winthrop* Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Baby Tanzillo*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *25 McChesney* St. *Revere* Ward, *Revere*
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word) *Single*
MARRIED
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. *Stillborn*

7 AGE Years Months Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10 Date deceased last worked at
this occupation (month and
year)

11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)
(State or country) *Winthrop
Mass.*

13 NAME OF
FATHER *Patsy Tanzillo*

14 BIRTHPLACE OF
FATHER (City)
(State or country) *Italy*

15 MAIDEN NAME
OF MOTHER *Angelina Ruffo*

16 BIRTHPLACE OF
MOTHER (City)
(State or country) *Italy*

17 Informant *Patsy Tanzillo*
(Address) *25 McChesney St. Revere*

I HEREBY CERTIFY that a satisfactory standard certificate of death was
issued with me before the burial or transit permit was issued:

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Aug 10 1930*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
19....., to....., 19.....

I last saw him alive on....., 19....., death is said
to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Still born

Contributory causes of importance not related to principal cause:

Name of operation..... Date of
What test confirmed diagnosis?..... Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *James L. Doyle*

(Address) *72 School St.*

Date *7/1*

1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Woodlawn* *Everett*
(Cemetery) (City or town)

DATE OF BURIAL *Aug 12* 1930

22 NAME OF UNDERTAKER *L. Buonfiglio*

ADDRESS *Revere*

Printed and filed

19.....

A TRUE COPY, ATT:ST:

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 3, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease or which he died, defined as required by section one, where said person was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death...
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall hereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known, otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miasm, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29. No. 7180-b

1

PLACE OF DEATH

Suffolk
(County)
Boston
(City or Town)
No. Strong Hospital

St., Ward {

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Boston
(City or town making return)
Registered No. 8890

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ruth E. Maclauchlan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 96 Marshall St., Ward, Winthrop
(Usual place of abode)
(If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 13 Years Months Days If less than 1 day Hours Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation.

PARENTS

12 BIRTHPLACE (City) Boston
(State or country) Mass.
13 NAME OF FATHER Charles R. Maclauchlan
14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Margaret S. Bennett
16 BIRTHPLACE OF MOTHER (City) Dover
(State or country) N H
17 Informant Charles Maclauchlan
(Address) Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Henry F. Riley
(Signature of Agent of Board of Health or other)
B H D August 10, 1930
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 10, 1930
(Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from August 5, 1930 to August 10, 1930
I last saw her alive on August 10, 1930, death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance in order of onset were as follows:
Acute rheumatic fever 7/5/30
Septicaemia
Contributory causes of importance not related to principal cause:
Rheumatic carditis days?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
20 Was disease or injury in any way related to occupation of deceased?
If so, specify Richard Metcalf
(Signed) (Address) Boston, Mass. Date 8/10/1930
21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or town)
DATE OF BURIAL August 12, 1930
22 NAME OF UNDERTAKER Fred. H. Tape
ADDRESS Winthrop, Mass.
Received and filed August 12, 1930
A TRUE COPY, ATTEST: James J. McIntire (Registrar)

Aug. 10. 1930

Mountain

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 1114

PLACE OF DEATH

Suffolk
(County)Wentham
(City or town)

No. 30 Atlantic

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Florence Keighley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

30 Atlantic

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 yrs. 4 mos. 4 days. How long in U. S., if of foreign birth? 3 yrs. 4 mos. 4 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

5-9

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Saleswoman

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Hat & Fur Shop

10 Date deceased last worked at
this occupation (month and
year)

Aug. 14/30

11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

Bradford - Yorkshire

(State or country)

England

13 NAME OF
FATHER

Thomas Barrow

14 BIRTHPLACE OF
FATHER (City)

Bradford - Yorkshire

(State or country)

England

15 MAIDEN NAME
OF MOTHER

Elizabeth Robinson

16 BIRTHPLACE OF
MOTHER (City)

Bradford - Yorkshire

(State or country)

England

17

Informant
(Address)Emma Whittaker
30 Atlantic St., WenthamI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

William W. Childress

(Signature of Agent of Board of Health or other)

Health Officer

Aug 16/30
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Aug 15 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Home Dead in Bed, 19

I last saw him alive on 19

death is said
to have occurred on the date stated above, at about m. 6:50 amThe principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Cerebral Palsy

Contributory causes of importance not related to principal cause:

Name of operation Board of Health Physician

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. E. J. Emerson, M. D.

(Address) 123 Broadway Date Aug 15 1930

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Wentham (City or town)

DATE OF BURIAL

Aug. 17 1930

22 NAME OF
UNDERTAKER

E. A. Rollins

ADDRESS

E. Boston, Mass

Received and filed Aug 23 1930

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper—youthfully, cook—hotel, etc.* For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Coronal hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is incumbent, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or placed, from is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatic (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-'29. No. 7180-b

1

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Palmer Memorial Hospital

St.,

Ward {

2 FULL NAME Jennie Klägge

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 108 Quincy Ave.

St.,

Ward, Winthrop, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED or DIVORCED Widowed

(write the word)

5a If married, widowed, or divorced

HUSBAND of Henry A. Klägge

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION!

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Nova Scotia

13 NAME OF FATHER David Pippy

14 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER -- Whittington

16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

17 Informant D A Klägge

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

C Sullivan

(Signature of Agent of Board of Health or other)

B H D August 17, 1930

(Official Designation)

(Date of Issue of Permit)

THE COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 7059

18 DATE OF DEATH August 16, 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from June 19, 1930 to August 16, 1930

I last saw her alive on August 16, 1930 death is said to have occurred on the date stated above, at 8:45P m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of the rectum 1927

Contributory causes of importance not related to principal cause:

20 Was disease or injury in any way related to occupation of deceased?

If so, specify R H Sweet

(Signed)

(Address) Boston, Mass.

Date 8/17/30 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop

(Cemetery)

DATE OF BURIAL August 19, 1930

22 NAME OF UNDERTAKER Walter T. White

ADDRESS Winthrop, Mass.

Received and filed August 19, 1930

A TRUE COPY, ATTEST: Registrar

Aug. 16. 1930

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 151

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)No. 10 Orlando Ave. St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Robert Baker Rockwood

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 10 Orlando Ave. St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 22 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 22 Years 5 Months 5 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Fitchburg
(State or country) Massachusetts

13 NAME OF FATHER Charles A. Rockwood

14 BIRTHPLACE OF FATHER (City) Ashburnham
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Nellie E. Greene

16 BIRTHPLACE OF MOTHER (City) Fitchburg
(State or country) Massachusetts17 Informant Charles A. Rockwood
(Address) 10 Orlando Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Official Designation

(Date of Issue of Permit) 8/19/30

18 DATE OF DEATH August 17 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

January 5 1930, to August 17 1930

I last saw him alive on August 17, 1930, death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary T. B. 1928

Contributory causes of importance not related to principal cause:

Tubercular peritonitis 1930

Name of operation none Date of operation No
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Jacob Abrams M. D.
(Signed) 602 Shirley St. Date Aug 18 1930
(Address) Winthrop21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hill, Fitchburg
(Cemetery) (City or town)

DATE OF BURIAL August 19 1930

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass.

Received and filed Aug. 19, 1930

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

Statement of occupation.—Brevise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose sole occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private*—*family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *mechanic*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxiation, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

	Date of onset
The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example appears to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for knowledge and a legal certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a *rectal*, as required by section ten of chapter forty-six, that the deceased was buried in the army, navy or marine corps of the United States in any war in which it has been engaged, such *rectal* shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence...*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof in any place or place of burial in this city until he has received a permit so to do from the board of health or its agent, and he shall be liable to a fine of \$100 for each body so appointed to issue such permits, or if there is no such board from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...*Chap. 114, Sec. 46, G. L. as amended.*

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by Traumatism (involving resulting septiceimia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 151

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)No. 24 Chamberlain Ave. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Ellen Young

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 24 Chamberlain Ave. Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Henry L. Young (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 82 Years 4 Months 16 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Glasgow (State or country) Scotland

13 NAME OF FATHER Morris

14 BIRTHPLACE OF FATHER (City) Not known (State or country)

15 MAIDEN NAME OF MOTHER Not "

16 BIRTHPLACE OF MOTHER (City) " (State or country)

17 Informant Son Harry L. Young (Address) 24 Chamberlain Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/21/30 (Date of Issue of Permit)

18 DATE OF DEATH 8 18 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1930, to 8/18 1930.

I last saw him alive on 8/18 1930, death is said to have occurred on the date stated above, at 5:30 P.

The principal cause of death and related causes of importance in order of onset were as follows:

malignant Endocarditis 8/16/30 Date of onset

Contributory causes of importance not related to principal cause:

TB of bones of hand & ribs P

Name of operation - Date of -

What test confirmed diagnosis? - Was there an autopsy? -

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify Harry Atelly M. D.

(Signed) winthrop Date 8/20 1930 (Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL Aug 21 1930

22 NAME OF UNDERTAKER Walter T. White

ADDRESS Winthrop

Received and filed Aug 20 1930

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of store, factory, mill, etc., as *grocery store*, *soup factory*, *cotton mill*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soup factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asbestia, etc. As principal cause name the disease causing death. As related causes, name any important complication if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Central hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septimalia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 152

(If death occurred in a hospital or institution,
give its NAME instead of street and number)(If U. S.
War Veteran,
specify WAR)

1 PLACE OF DEATH
suffolk
(County)
Winthrop
(City or Town)
No. 61 Court Rd.

St., Ward

2 FULL NAME Frank J. Leach

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 61 Court Rd. St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED (write the word)
WIDOWED Married
OR DIVORCED

5a If married, widowed, or divorced
HUSBAND of Gertrude Burke
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 54 Years Months Days If less than 1 day
Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish
10 Date deceased last worked at this occupation month and year May 1930
11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) Boston
(State or country) Mass

13 NAME OF FATHER David Leach

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Mary Mnamara

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Gertrude Leach
(Address) 61 Court Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Health Officer

(Official Designation) (Date of Issue of Permit) 8/21/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 20 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from
not 1-1929, to Aug 20-1930
I last saw him alive on Aug 16-1930, death is said
to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma
of Intestines + Stomach
Date of onset Oct. 3 1929

Contributory causes of importance not related to principal cause:

Name of operation Exploratory Lobotomy
What test confirmed diagnosis? op + Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify Edward J. Trautman, M. D.
(Signed) 476 Shirley Street Date 8-20-1930
(Address)

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul Arlington
(City or town)

DATE OF BURIAL Aug. 22 1930
(City or town)

22 NAME OF UNDERTAKER John P. Malley
ADDRESS Winthrop

Received and filed 19 30

A TRUE COPY, ATTEST:

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the relation of his last illness, when last seen alive by the physician or officer and the date of his death. . . .
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
Bronchopneumonia; If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, meningitis, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Statement of occupation.—Precise statement of occupation, is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *plumber*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	May 3, 1927
Automobile accident	

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 153

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Colonial Inn Winthrop Mass, Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary L. Pierce

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 223 Clarence St. Cranston Ward, R. I.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 19 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of George Pierce (Give maiden name of wife in full) (husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10 Date deceased last worked at this occupation (month and year) 1 yr 11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Bellingham (State or country) Rhode Island

13 NAME OF FATHER George Adams
14 BIRTHPLACE OF FATHER (City) Barrington R.I. (State or country)

15 MAIDEN NAME OF MOTHER Clarinda Read

16 BIRTHPLACE OF MOTHER (City) Dighton, Mass (State or country)

17 Informant F. E. Warren (Address) 223 Clarence St. Auburn Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/25/30 (Date of Issue of Permit)

18 DATE OF DEATH August 21, 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from August 18, 1930, to August 21, 1930. I last saw her alive on August 21, 1930, death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral hemorrhage

Date of onset 1930

Contributory causes of importance not related to principal cause:

Atherosclerosis 1925
Chronic Interstitial Nephritis 1926

Name of operation None Date of 7
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Fred J. Briggs M.D. M. D.
(Address) 562 Hurby St. Cranston Date Aug 4, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cranston R.I. (Cemetery) (City or town)

DATE OF BURIAL Aug. 24 1930

22 NAME OF UNDERTAKER W. H. Mahan
ADDRESS Boston, Mass.

Received and filed 8/25/30 1930

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school*, or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." When more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a written statement containing the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains information as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith consent to it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require....*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death....*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 134

PLACE OF DEATH

suffolk

(County)

Winthrop

(City or town)

No. 186 Winthrop St

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lo uise Holmes

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 186 Winthrop

St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
Female White Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of John B. Holmes

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 60 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) June 1930

11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER John Harragan

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Ann

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant John Holmes (Address) 186 Winthrop St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other Health Officer) 8/23/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 8/21/30 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 8/19/30, 1930, to 8/21/30, 1930

I last saw him alive on 8/21/30, 1930, death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Hemorrhage of Stomach 8/21/30

Contributory causes of importance not related to principal cause:

Dysentery of Stomach
Dysentery of Intestine

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. A. Childress, M. D.

Address: 186 Winthrop St. Date 7/22/1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (City or town)

DATE OF BURIAL 8/23/1930

22 NAME OF UNDERTAKER John H. Childress

ADDRESS Winthrop

Received and filed 8/23/30 1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years and over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the disease had retarded from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at home* or *at home*. For a woman whose only occupation was that of *housework*, write *housework* in answer to Question 8 and *home* in answer to Question 9. For a person engaged in domestic service for a *family*, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family cook*, *hotel*, etc. For a person who had no occupation what-

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done

9.—The industry or business in which the work was done.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term *laborer*. When a more precise statement of the occupation is desired, use the word "mechanic," but give the exact position, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *mechanics* and *wildcat merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death—Cause of death means the disease, injury or complication which causes death *not* the cause of dying; e.g., heart failure, asphyxia, asthma, etc. As principle, name the disease or injury causing death. As related causes, name other morbid conditions, if any, related to the principal cause and earlier morbid conditions, if any, related to the principal cause. Under contributory causes of importance not related to principal cause, name the important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset	
1915	Chronic interstitial nephritis
1921	Cerebral hemorrhage
July 5, 1927	Contributory causes of importance not related to principal cause: Fracture of arm Automobile accident
May 3, 1927	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of the undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of the following particulars: the name of the deceased, his age, the disease of which he died, defined as required by section 46, the date when the disease was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Sen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a deced, as required by section ten of chapter forty-six, that the deced arrived in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, until the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

.....He sh^{all} in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or thing ashes thereof which have been brought into the cemetery, unless he has received a permit so to do from the board of health, or is appointed to issue such permits, or if there is no such board, he is the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, typhoid, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 155

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 18 Highland Rd Winthrop St., 4 Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Charlotte W. Ramsey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR.)

(a) Residence. No. 18 Highland Rd Winthrop St., 4 Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

18 DATE OF DEATH August 22 1930
(Month) (Day) (Year)

6a If married, widowed, or divorced
HUSBAND of Joseph P. Ramsey
(Give maiden name of deceased)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY That I attended deceased from
January 5 1927, to August 22 1930
last saw her alive on August 21, 1930, death is said
to have occurred on the date stated above, at 4:21 a.m.

6 IF STILLBORN, enter that fact here.

The principal cause of death and related causes of importance in order of
onset were as follows:

7 AGE 52 Years 10 months + Days If less than 1 day
Hours Minutes

Coronary Thrombosis Date of onset 1930

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

Contributory causes of importance not related to principal cause:
Angina Pectoris 1930
Acute Cardiac Dilatation

12 BIRTHPLACE (City) Lewiston
(State or country) Maine

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

13 NAME OF FATHER Edmund Ansell

14 BIRTHPLACE OF FATHER (City) New York State
(State or country)

20 Was disease or injury in any way related to occupation of deceased? no

15 MAIDEN NAME OF MOTHER Ada H. Snow

If so, specify (Signed) Jacob Abrams M.D. Address 62 Stanley St Date Aug 22 1930

16 BIRTHPLACE OF MOTHER (City) New Gloucester
(State or country) Maine

21 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Grove Bur. R.R. (City or town)

17 Informant Husband P. Ramsey
(Address) Winthrop Mass

DATE OF BURIAL Aug 25 1930

22 NAME OF UNDERTAKER Walter S. White

ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

N. M. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 8/27/30
(Official Designation) (Date of Issue of Permit)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the only occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *wearer*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying. *e. g.*, heart failure, asphyxia, asbestia, etc. As principal cause name the disease causing death. As related causes, name any other morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1911
<i>Cerebral hemorrhage</i>	July 5, 1917
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second case given.

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where said was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septimal), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 156

PLACE OF DEATH

(County)

(City or Town)

No. 157 Grover St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Connor

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)(a) Residence, No. 157 Grover St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 70 Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William W. Children

(Signature of Agent of Board of Health or other)

C. J. L.
(Official Designation)Aug. 22/30
(Date of Issue of Permit)

18 DATE OF DEATH

August 22 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug. 19, 1930, to Aug. 22, 1930.I last saw her alive on Aug. 21, 1930, death is saidto have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Hypertensive Myocarditis?

Contributory causes of importance not related to principal cause:

Two cerebral hemorrhages
Broken right hip caused by
fall to floor while trying to use panName of operation none Date of Aug. 24What test confirmed diagnosis? Clinical signs Was there an autopsy? no20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. O'Brien M.D. M. D.
(Address) 10 Washington St. Boston Date Aug. 1921 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Salem Mass.
(Cemetery) (City or town)DATE OF BURIAL Aug. 24 193022 NAME OF UNDERTAKER F. L. Conway, Inc.ADDRESS Calverton Mass.Received and filed Aug. 27 1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

1930

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of house housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineering*, *mechanical engineering*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter*, *printer*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a tomb, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health. The agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker, from the clerk of the town where the body and remove it from a tomb, or other person shall exume a human body from one grave or tomb or other than the receipt of another in the same cemetery until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, such facts required by law to be returned and recorded, which shall be accompanied, in case of an original informant, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by the certificate required for the purpose, shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-two, that the deceased served in the army, navy or marines corps of the United States in any war in which it has been engaged such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith return the permit to the clerk of the town for registration. The person to whom the permit is so given and the physician authorizing the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, dyspepsia, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHWinthrop
(City or town making return)

Registered No. 157

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 54 Shirley

St., Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Charlotte Wickurise

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 54 Shirley

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 22 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED
WIDOWED
or DIVORCED

Female White

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Warren Wickurise
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

31

Years

11

Months

15

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

at home

10 Date deceased last worked at
this occupation (month and
year)Aug 2-30 spent in this
occupation 10 yrs.21 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

East Boston,
Mass.13 NAME OF
FATHER

Hear A. Wohlschlegel

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Germany,

15 MAIDEN NAME
OF MOTHER

Ellen Howarth

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

New York,
N. Y.

17

Informant
(Address)Warren Wickurise (husband)
54 Shirley St. Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF

DEATH

Aug

24

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY. That I attended deceased from

Sph

1924,

to Aug 24

1930

I last saw her alive on Aug 24, 1930, death is said

to have occurred on the date stated above, at 4:40 P. m.

The principal cause of death and related causes of importance in order of
onset were as follows:Acute insufficiency
Mitral stenosis

Date of onset

Several
years
before
her
death

Contributory causes of importance not related to principal cause:

Acute nephritis

3 weeks

Name of operation

Date of

What test confirmed diagnosis?

Chin. Lab

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

T. W. Layton

M. D.

(Address)

270 Comm. St. Boston

Date 8/25 1930

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Winthrop

Winthrop, Mass.

(Cemetery)

(City or town)

DATE OF BURIAL

Aug. 27

1930

22 NAME OF
UNDERTAKER

A. E. Long & Son, Inc.

ADDRESS

1979 Mass. Ave. Cambridge, Mass.

Received and filed

Aug 27

1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by a statute to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early, or if, for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a statement as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, within the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

E. Boston
(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. *158*

PLACE OF DEATH

(County)

Winthrop
(City or Town)

No. *97 Woodside Ave* St.,

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Eleanor S. Andrews*

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *97 Woodside Ave* St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred *1* yrs. *4* mos. *4* days. How long in U. S., if of foreign birth? *75* yrs. *3* mos. *17* days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *M* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED *Single*
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *75* Years *3* Months *17* Days If less than 1 day
Hours Minutes

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home*
10 Date deceased last worked at this occupation (month and year) *July 1929* 11 Total time (years) spent in this occupation *33*

12 BIRTHPLACE (City) *East Boston,*
(State or country) *Mass*

13 NAME OF FATHER *Albert Andrews*

14 BIRTHPLACE OF FATHER (City) *Lynn,*
(State or country) *Maine*

15 MAIDEN NAME OF MOTHER *Caroline A. W. Jewell*

16 BIRTHPLACE OF MOTHER (City) *Portland,*
(State or country) *Maine*

17 Informant *J. W. Andrews*
(Address) *118 Kensington Pl. Brockton, Ma*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *8/27/30* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *8/26/30*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *9/1/16*, 19*29*, to *8/26*, 19*30*

I last saw him alive on *8/26*, 19*30*, death is said to have occurred on the date stated above, at *8 P.* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Elderly of Lung Date of onset *9/27/30*

Contributory causes of importance not related to principal cause:

Gangrene of foot & leg
Endocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

20 Was disease or injury in any way related to occupation of deceased?

If so, specify _____
(Signed) *Harry W. Jewell* M. D.
(Address) *200 Kensington* Date *9/7* 19*30*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Woodlawn*
(Cemetery) (City or town)

DATE OF BURIAL *August 29*, 19*30*

22 NAME OF UNDERTAKER *E. L. Grollers*

ADDRESS *610 E. Boston*

Received and filed *Aug 27*, 19*30*

A TRUE COPY, ATTEST:

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the only occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "labored," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, joiner, machinist*, etc. Distinguish carefully between *retail merchant, wholesaler, and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier the morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Atherosclerosis</i>	Date of onset 1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen, alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, within the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*

"He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death."—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

"**Bronchopneumonia:** If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

information should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 157

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 79 Read St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Ronald Mac Donald
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 79 Read St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE — Years 3 Months 29 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston (State or country) Mass

13 NAME OF FATHER Ronald Mac Donald

14 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Mass

15 MAIDEN NAME OF MOTHER Alice M. McTeer

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

17 Informant P. J. Mac Donald (Address) 79 Read St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
(Signature of Agent of Board of Health or other)

Health Officer 8/28/30
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 27 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19, death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Marasmus
Since birth

Contributory causes of importance not related to principal cause:

Malnutrition
Since birth

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Orestes E. Johnson, M. D.

Address Baptist Physician Date Aug 28 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town)

DATE OF BURIAL Aug 28 1930

22 NAME OF UNDERTAKER Fred A. Magrath

ADDRESS East Boston

Received and filed Aug 29 1930 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed to illness. If the disease causing death report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not familiarly employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms *housekeeper—private family, cook—hold, etc.* For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker, operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

Suffolk

(County)

Winthrop

(City or Town)

No. 97 Woodside Ave

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 161

2 FULL NAME Elizabeth McLaren Larkin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 97 Woodside Ave

(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX 4 COLOR OR RACE 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED
Female White Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Michael Larkin
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10 Date deceased last worked at this occupation (month and year) June 1918 11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) East Boston
(State or country) Mass

13 NAME OF FATHER William McLaren

14 BIRTHPLACE OF FATHER (City) Scotland
(State or country)

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant William Larkin
(Address) 97 Woodside Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm L. Caldwell
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8/28/30

18 DATE OF DEATH Aug 28 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from

June 25 1930, to Aug 28 1930

I last saw him alive on Aug 25 1930, death is said to have occurred on the date stated above, at 2:25 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of tongue

Date of onset 1929

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Fred Beardsley, M. D.

(Address) 8-28 1930

21 PLACE OF BURIAL, Holy Cross Malden
CREMATION OR REMOVAL (City or town)

DATE OF BURIAL Aug 30 1930

22 NAME OF UNDERTAKER John F. O'Grady

ADDRESS Winthrop

Received and filed Aug 27 1930

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not yet gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1911</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1917</i>

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or other and the date of his death....
Gen. Laws Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate aforesaid. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description, as far as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or from the town where the body is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

PLACE OF DEATH

(County)

Winthrop
(City or Town)

No. Winthrop Community Hosp. St., Ward

Registered No. 161

2 FULL NAME

Fred R. Akerley Jr.

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 2 Roosevelt Ave. St. 5 Ward, Beverly

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 1 days How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
OR DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of Ruth Grumiller

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 28 Years 10 Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Surveyor

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

Oct. 1929

11 Total time (years)

spent in this occupation. 2 Yr.

12 BIRTHPLACE (City)
(State or country)Stoneham
Mass.

PARENTS

13 NAME OF FATHER

Fred R. Akerley

14 BIRTHPLACE OF FATHER (City)

Pugwash

(State or country)

Nova Scotia

15 MAIDEN NAME OF MOTHER

Mary W. Walsh

16 BIRTHPLACE OF MOTHER (City)

Manchester

(State or country)

England

17

Informant
(Address)Fred R. Akerley
Beverly, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

August 29, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug. 5, 1930 to Aug. 28, 1930

I last saw him alive on Aug. 28, 1930, death is said

to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Nephritis
acute pulmonary edema

Contributory causes of importance not related to principal cause:

Name of operation None Date of

What test confirmed diagnosis? Clinical Is there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Lydia A. Pickerson, M.D.
(Address) 5 Briscoe St., Beverly Date Aug. 29, 193021 PLACE OF BURIAL, CREMATION OR REMOVAL No. Beverly, Beverly
(Cemetery) (City or town)

DATE OF BURIAL Sept. 2, 1930

22 NAME OF UNDERTAKER Curtis H. Gentlee

ADDRESS 5 Briscoe St., Beverly

Received and filed 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report that occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *maid*, *janitor*, *cook*, *help*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when it began, alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement, containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment by a standardatory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital served in the army or navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certifying, shall forthwith commission it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall therefore furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.... *Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 162

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 54 Townsend

St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME John B. Le May

(If deceased is a married, widowed or divorced woman give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 54 Townsend

(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married. (write the word)

5a If married, widowed, or divorced HUSBAND of Wilhelmina Meinhardt. (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) June 1930
11 Total time (years) spent in this occupation Kn own

12 BIRTHPLACE (City) Quebec. (State or country) Canada

13 NAME OF FATHER Unable to obtain.

14 BIRTHPLACE OF FATHER (City) Quebec. (State or country) Canada.

15 MAIDEN NAME OF MOTHER Unable to obtain.

16 BIRTHPLACE OF MOTHER (City) Quebec. (State or country) Canada.

17 Informant Mrs. Wilhelmina Le May (Address) 54 Townsend St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childers
Health Officer
(Official Designation) 9/2/30
(Date of Issue of Permit)

18 DATE OF DEATH August 31 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from August 30 1930, to August 31 1930
I last saw him alive on August 31, 1930, death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Thrombosis 1930

Contributory causes of importance not related to principal cause:

Hypertrophied prostate & operation therefore 1930
Name of operation Prostatectomy Date of July 1930
What test confirmed diagnosis? Clinical & lab. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Jacob Abraham M.D. (Signed) 562 Shirley St. (Address) Winthrop (City or town) Date Sept 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)
DATE OF BURIAL Sept. 2 1930

22 NAME OF UNDERTAKER Charles T. Bennison. ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH *Suffolk* County *Mass.* State *Mass.* Registered No. *162*
 City or Town *Winthrop* No. *112 Almont* St., *Almont* Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Philip P. Sheridan*
 (If U. S. War Veteran, specify WAR)

(a) Residence. No. *112 Almont* St., *Almont* Ward,
 (Usual place of abode) (If non-resident, give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) *Married*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Matilda Hallas*

6 AGE *78* Years Months Days IF LESS than 1 day, hrs. min.

IF STILLBORN, enter that fact here

7 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Mechanic*
 (b) Name of employer *Plumbing Est.*

8 BIRTHPLACE (City) *Boston*
 (State or country) *Massachusetts*

9 NAME OF FATHER *Bernard Sheridan*

10 BIRTHPLACE OF FATHER (City) *Ireland*
 (State or country)

11 MAIDEN NAME OF MOTHER *Mary Curley*

12 BIRTHPLACE OF MOTHER (City) *Ireland*
 (State or country)

13 Informant *Mrs. Matilda Sheridan*
 (Address) *112 Almont St.*

14 Filed *9/5/30*
 (Month) (Day) (Year)

REGISTRAR

20 I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH *August 31 1930*
 (Month) (Day) (Year)

16 I HEREBY CERTIFY, That I attended deceased from *August 26*, 1930, to *August 31*, 1930, that I last saw him alive on *August 31*, 1930, and that death occurred, on the date stated above, at *9:30 p.m.* The CAUSE OF DEATH was as follows: (State fully)

Cerebral hemorrhage
onset 8/26/30
 (duration) yrs. mos. ds.
 CONTRIBUTORY *Arteriosclerosis*
 (Secondary) *several yrs. ago*
 (duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death

Did an operation precede death *no* For what

Date of operation *none*

Was there an autopsy *no*

What test confirmed diagnosis *Clinical & Lab.*
 (Signed) *Jacob Abrams M.D.* M. D.
 (Address) *562 Shirley St., Winthrop Mass.*
 Date *Sept 1/30.*

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Holy Cross Molder*
 (Cemetery) (City or town)

DATE OF BURIAL *Sept 3, 1930*

19 UNDERTAKER *Charles R. Benson*
 ADDRESS *Winthrop Mass.*

Official position *Health Officer* Date of issue of permit *9/2/30* Permit No. *1808*

WA 31.1930
Revised United States Standard Certificate of Death
(Approved by U. S. Census and American Public Health Ass'n.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term in the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *Housework*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (disease causing death), 29 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as "Asystole," "Anemia," (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Delirium," "Congestion," "Semi," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Hemiplegia," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc.

State cause for which surgical operation was undertaken.

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.—*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permit, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, or from one cemetery to another, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death is caused by disease, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, by the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 124

PLACE OF DEATH

Suffolk
(County)Wentworth
(City or Town)No. 24 Beacon

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Anna Hurl

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 24 Beacon St., Ward,
(Usual place of abode) 44 Mill St. Dor. (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE (write the word)
MARRIED
WIDOWED Widowed
or DIVORCED5a If married, widowed, or divorced Harry J. Hurl
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 43 Years Months Days If less than 1 day
Hours MinutesOCCUPATION 8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Housekeeper
9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. own home
10 Date deceased last worked at
this occupation (month and
year) 11 Total time (years)
spent in this occupation 4012 BIRTHPLACE (City) Cambridge
(State or country) Mass13 NAME OF FATHER Thomas Kernan14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)15 MAIDEN NAME OF MOTHER Reah16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)17 Informant Clia Hurl
(Address) 44 Mill St. DorchesterI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 9/2/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 2 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw him alive on , 19 , death is said

to have occurred on the date stated above, at 130 m.The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Cerebral Redness
same month

Contributory causes of importance not related to principal cause:

Name of operation None Date of no
What test confirmed diagnosis? Was there an autopsy?20 Was disease or injury in any way related to occupation of deceased? noIf so, specify Dr. E. Johnson M.D.
(Signed) Victory Bouquet Health Registrar M.D.
(Address) 123 Broadway St Date Sept 2 19 3021 PLACE OF BURIAL, CREMATION OR REMOVAL New Calvary Boston
(Cemetery) (City or town)DATE OF BURIAL Sept 5 19 3022 NAME OF UNDERTAKER David H. CurtisADDRESS 333 Dudley St Rox. Mass.Received and filed Sept 2 19 30

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *Housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engine*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name any morbid conditions, if any, related to the principal cause and earlier morbid complications of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS

FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or lot to another than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town, for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require... *Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

It shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death... *Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. "Primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-g



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 112

1 PLACE OF DEATH (County) Winthrop
(City or Town) 40 Argyle
No. 40 Argyle St., 4 Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Sturla
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 40 Argyle St., 4 Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. days. How long in U. S., if of foreign birth? 31 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

6a If married, widowed, or divorced HUSBAND of Andrew (Give maiden name of wife in full)
(or) WIFE of Andrew (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 42 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Italy

13 NAME OF FATHER Giuseppe Massucco

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Maria Oratto

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Andrew Sturla
(Address) 40 Argyle St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 9/5/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 3, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 7, 1930, to Sept. 2, 1930
I last saw the deceased alive on Sept. 2, 1930, death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:
Pulmonary tuberculosis (Date of onset April 5, 1930)

Contributory causes of importance not related to principal cause:
Chronic arthritis (Date of onset Nov. 3, 1926)

Name of operation no Date of no

What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify no

(Signed) Dr. G. A. Bianco, M. D.
(Address) 40 Gladstone St. Date Sept. 4, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michael's Boston
(Cemetery) (City or town)

DATE OF BURIAL Sept. 5, 1930

22 NAME OF UNDERTAKER Michael J. Porcella
ADDRESS 10 No. Beckett St. Boston

Received and filed 9/5/30 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as *employee*, *worker*, *operative*, etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as *store*, *factory*, *mill*, etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term *laborer*. When a more precise statement of the occupation can be secured. Do not use the word, *mechanic*, but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail mechanics* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return) 166

Registered No. 2278

PLACE OF DEATH

(County) Suffolk

(City or Town) North

No. 213 Wheelock St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.) George J. Wheelock

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 213 Wheelock St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? 4 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 47 Years 5 Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical

10 Date deceased last worked at this occupation (month and year) 9/20 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) Lawrence, Mass. (State or country)

13 NAME OF FATHER Samuel J. Wheelock

14 BIRTHPLACE OF FATHER (City) Northbrook (State or country)

15 MAIDEN NAME OF MOTHER Margaret M. Galt

16 BIRTHPLACE OF MOTHER (City) Northbrook (State or country)

17 Informant (Address) 213 Wheelock St., Northbrook

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 9/20/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 5 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1930, to Sept 5, 1930.

I last saw him alive on Sept 5, 1930, death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis

Date of onset

Contributory causes of importance not related to principal cause:

Cerebral Hemorrhages

Name of operation none Date of What test confirmed diagnosis? Clinico-pathologic Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. O'Brien, M.D. M. D.

(Address) 78 Washington Ave Date 9/21 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL (Cemetery) (City or town)

DATE OF BURIAL 9/21 1930

22 NAME OF UNDERTAKER

ADDRESS

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that a deceased served in the army, navy or marine corps of the United States in war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person so transmitting the permit is so given and the physician attending the cause of death shall therefore furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence...*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Information should be carefully supplied. AGE should be stated EXACTLY. If the deceased was a state or federal official, the name of the office should be stated. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. *1184*

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. Fort Banks, Mass. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Theresa Anna O'Brien

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *Fort Banks* St., *W.W.* Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE (write the word)
MARRIED WIDOWED Single
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 0 Years 0 Months 12 Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10 Date deceased last worked at
this occupation (month and
year)

11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City) Winthrop, Mass.
(State or country)

13 NAME OF FATHER Neal James O'Brien

14 BIRTHPLACE OF FATHER (City) Springfield, Mass.
(State or country)

15 MAIDEN NAME OF MOTHER Mary Margaret Roberts

16 BIRTHPLACE OF MOTHER (City) Springfield, Mass.
(State or country)

17 Informant (Address) *Neal J. O'Brien*
Fort Banks

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) *Sept. 8, 1930*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 8, 1930.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from
August 23, 1930, to September 8, 1930.
I last saw her alive on September 8, 1930, death is said
to have occurred on the date stated above, at 6:55 AM.

The principal cause of death and related causes of importance in order of
onset were as follows:

1. Hepatitis, acute, interstitial.
Cause undetermined.

Date of onset

Sept.
7, 1930.

Contributory causes of importance not related to principal cause:

None.

Name of operation None. Date of
What test confirmed diagnosis? None. Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify (Signed) *Francis E. Council* Capt. M.C.
(Address) *Station Hospital Ft. Banks, Mass.* Date *Sept 8, 1930*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *St. Michael's Springfield*
(Cemetery) (City or town)

DATE OF BURIAL *Sept 9* 1930

22 NAME OF UNDERTAKER *Charles J. Benson*
ADDRESS *837 North St. Winthrop*

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, the *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms as *housekeeper*, *private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

- 7.—To be complete, an occupation return must state:
 - 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner & weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	
<i>Unattended accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, dyspepsia, meningitis, miscarriage, necrosis, peritonitis, phlebotomy, pyemia, septicemia, tetanus.

Information should be stated EXACTLY. If the cause of death is not clearly stated, it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 168

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 5 Johnson Terrace St., -1- Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary G. McCormick

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 Johnson Ave St., 1 Ward, (If U. S. War Veteran, specify WAR.)

Length of residence in city or town where death occurred 10 yrs. — mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years 2 Months 29 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) New Albany (State or country) Indiana

13 NAME OF FATHER George Jennings

14 BIRTHPLACE OF FATHER (City) England (State or country)

15 MAIDEN NAME OF MOTHER Charlotte Austin

16 BIRTHPLACE OF MOTHER (City) not known (State or country) Indiana

17 Informant (Address) Daughter-in-law Helen M. Pleasant 5 Johnson Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health)

(Official Designation)

(Date of Issue of Permit) Sept 15 - 1930

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 12 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 11 1930 to Sept 12 1930

Last saw him alive on Sept 11 1930, death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Paraplegia from cerebral thrombosis 23 hrs

Contributory causes of importance not related to principal cause:

Arteriosclerosis and yes

Name of operation none Date of What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify no (Signed) Orville E. Johnson M. D. (Address) 123 North St Date Sept 14 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cemetery (City or town)

DATE OF BURIAL Sept 16 1930

22 NAME OF UNDERTAKER Walter J. White

ADDRESS 151 Pleasant St Winthrop

Received and filed Sept 30 1930

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *surveying engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death, as related causes, name earlier morbid conditions, if any related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-'30, No. 7997-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 169

1 PLACE OF DEATH

Suffolk County
Winthrop City or Town
No. *Winthrop Community Hospital* St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(Stillborn) Mackey

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *312 Santoga St.* St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here, *Stillborn*

7 AGE Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) *Winthrop* (State or country) *Mass*

13 NAME OF FATHER *Richard Mackey*

14 BIRTHPLACE OF FATHER (City) *Harbor Grace* (State or country) *N. H.*

15 MAIDEN NAME OF MOTHER *Bessie Meaney*

16 BIRTHPLACE OF MOTHER (City) *Arundale* (State or country) *N. H.*

17 Informant *Richard Mackey* (Address) *312 Santoga St. CB*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. W. Childers (Signature of Agent of Board of Health or other)

Agent (Official Designation) *Sept. 12 - 30* (Date of Issue of Permit)

18 DATE OF DEATH *Sept. 12. 1930* (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from *Sept 12*, 19*30*, to *Sept 12*, 19*30*

I last saw h..... alive on....., 19....., death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance in order of onset were as follows:

Still Born.

Contributory causes of importance not related to principal cause:

Separated Placenta

Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?

If so, specify *Sep. 15 Stillborn* (Signed) *Sept 12 30* (Address) *Sept 12 30* Date 19 *30* M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL *St. Michaels Boston* (Cemetery) (City or town)

DATE OF BURIAL *Sept 13* 19 *30*

22 NAME OF UNDERTAKER *Hudnick & Magarik* ADDRESS *East Boston*

Received and filed..... 19 *30*

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *homework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example

A physician or registered hospital medical officer shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a true and correct certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the name of the physician, or other person whose name was contracted, the duration of his last illness, when last seen alive by the physician or other person and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 40, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia); and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**. The sudden deaths of persons not disabled by recognized disease,

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATHRegistered No. *237*

PLACE OF DEATH

(County)

(City or Town)

No. *Ward 1st Comm. St.*

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)(a) Residence. No. *48 W. 1st St.*St., *Ward 1st*

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED (write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here. *Stillborn*

7

AGE *—* Years *—* Months *—* Days *—* Hours *—* Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City)

(State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)

(State or country)

17

Informant (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

September 13, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from

*Sept 13, 1930, to Sept 13, 1930*I last saw him alive on *Sept 13, 1930*, death is saidto have occurred on the date stated above, at *—* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Date *9/13* 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

22 NAME OF UNDERTAKER

ADDRESS

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife*. In answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as *store*, *factory*, *mill*, *etc.*, etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers, by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Atherosclerosis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29. No. 7180-a

1 PLACE OF DEATH		Suffolk County		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Winthrop (City or town making return)		Registered No. 171	
2 FULL NAME		Bernard A. Brogan		2d Ward		(If deceased is a married, widowed or divorced woman, give also maiden name.)		(If U. S. War Veteran, specify WAR)	
(a) Residence. No.		212 River		2d Ward		(Usual place of abode)		(If nonresident, give city or town and state)	
Length of residence in city or town where death occurred		13 yrs.		mos.		days.		How long in U. S., if of foreign birth? yrs. mos. days.	
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX	4 COLOR OR RACE	5 SINGLE (write the word)							
Male	White	MARRIED Widowed or DIVORCED Married							
6a If married, widowed, or divorced HUSBAND of									
Catherine J. McLaughlin (Give maiden name of wife in full)									
(or) WIFE of (Husband's name in full)									
6 IF STILLBORN, enter that fact here.									
7 AGE	63	Years	1	Months	Days	If less than 1 day Hours Minutes			
OCCUPATION	8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.								
	Produce Dealer								
	9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.								
10 Date deceased last worked at this occupation (month and year)					11 Total time (years) spent in this occupation				
Jan 10 1928					38 years				
12 BIRTHPLACE (City) (State or country)									
Boston Mass									
PARENTS	13 NAME OF FATHER								
	William Brogan								
	14 BIRTHPLACE OF FATHER (City) (State or country)								
Ireland									
15 MAIDEN NAME OF MOTHER									
Budget Donahoe									
16 BIRTHPLACE OF MOTHER (City) (State or country)									
Ireland									
17 Informant (Address)									
Bernard A. Brogan 212 River Rd Winthrop									
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:									
William D. Childress (Signature of Agent of Board of Health or other)									
Health Officer Sept 18/30 (Official Designation) (Date of Issue of Permit)									
MEDICAL CERTIFICATE OF DEATH									
18 DATE OF DEATH									
Sept 15 1930 (Month) (Day) (Year)									
19 I HEREBY CERTIFY, That I attended deceased from 1930, to Sept 15 1930.									
I last saw him alive on Sept 10 1930, death is said to have occurred on the date stated above, at 3:30 pm.									
The principal cause of death and related causes of importance in order of onset were as follows:									
Carcinoma of the stomach 2 yrs									
Diarrhea									
Contributory causes of importance not related to principal cause:									
Name of operation none Date of									
What test confirmed diagnosis? Cholecystitis Was there an autopsy? no									
20 Was disease or injury in any way related to occupation of deceased?									
If so, specify									
(Signed) J. D. Kelly M. D.									
(Address) 78 Washington Ave Date 9/17 1930									
21 PLACE OF BURIAL, CREMATION OR REMOVAL									
Holy Cross Malden (Cemetery) (City or town)									
DATE OF BURIAL									
Sept 18 1930									
22 NAME OF UNDERTAKER									
Joseph D. Kelly									
ADDRESS 1 Moulton St Charlestown Mass									
Received and filed Sept 29 1930									
A TRUE COPY, ATTEST: (Registrar)									

Revised United States Standard Certificate of Death

3246. 15. 1936

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of the last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall, in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

AGE should be carefully supplied. If persons should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Rutland
(City or town making return)

Registered No. 172

1 PLACE OF DEATH
Norchester
(County)
Rutland
(City or Town)
No. Rutland

St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Valdemar Lauritzen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. 301 Shirley St., Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. 1 mos. 21 days. How long in U. S., if of foreign birth? 11 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

18 DATE OF DEATH September 16, 1930
(Month) (Day) (Year)

5a If married, widowed, or divorced Agnes Gross
HUSBAND of (Give maiden name of wife in full)

19 I HEREBY CERTIFY, That I attended deceased from July 22, 1920, to Sept. 16, 1920, 19

(or) WIFE of (Husband's name in full)

I last saw him alive on Sept. 16, 1920, death is said to have occurred on the date stated above, at 7:30 P.M.

6 IF STILLBORN, enter that fact here.

The principal cause of death and related causes of importance in order of onset were as follows:

7 AGE 61 Years 5 Months 17 Days If less than 1 day Hours Minutes

Date of onset

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweller

Chronic interstitial Fall of nephritis. Uremia 1920

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City) (State or country) Denmark

13 NAME OF FATHER Soren Lauritzen

Name of operation none Date of What test confirmed diagnosis? Urine exam. Was there an autopsy? No

14 BIRTHPLACE OF FATHER (City) (State or country) Denmark

15 MAIDEN NAME OF MOTHER Nickolina Pauby

16 BIRTHPLACE OF MOTHER (City) (State or country) Denmark

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Gabriel Madeau, M. D. (Address) Rutland State Ann Date 9/16 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Rutland, Rutland, Mass. (Cemetery) (City or town)

DATE OF BURIAL Sept. 18, 1930 19

22 NAME OF UNDERTAKER Frank E. Miles Co.

ADDRESS Jefferson, Mass.

Received and filed Bessie L. Lody 19

(Registrar of City or Town where deceased resided)

A TRUE COPY.

ATTEST: Louis M. Hauff
(Registrar of city or town where death occurred)

DATE FILED September 16, 1930 19

Sept. 16, 1930

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 72

1 PLACE OF DEATH

Suffolk
Winthrop
(City or Town)

No. 34 Hawthorne Ave. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rebecca Simons
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 34 Hawthorne Ave. Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED Married (write the word)

18 DATE OF DEATH September 18 1930
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Hyman Simons
(Husband's name in full)

19 I HEREBY CERTIFY, That I attended deceased from
Sept. 12 1930 to Sept. 18 1930
I last saw her alive on Sept. 18 1930, death is said
to have occurred on the date stated above, at 11:10 P.M.

6 IF STILLBORN, enter that fact here.

The principal cause of death and related causes of importance in order of onset were as follows:

7 AGE 61 Years Months Days If less than 1 day Hours Minutes

1. Hypertension
2. Coronary Arteriosclerosis
3. Dehydration
Date of onset 9/18/30

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Sept. 1930 11 Total time (years) spent in this occupation yrs

Contributory causes of importance not related to principal cause:

12 BIRTHPLACE (City) Russia
(State or country)

13 NAME OF FATHER Rubin Naiterov

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Leah Gornet
learned by

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Hyman Simons
(Address) 34 Hawthorne Ave.

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) M. D. (Address) 562 Shrewsbury St. Date Sept. 19, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Meritz Cemetery
(Cemetery) (City or town)

DATE OF BURIAL Sept. 19 1930

22 NAME OF UNDERTAKER Yarnell Stanley

ADDRESS 19 Cedar St. Boston

Received and filed Sept. 30, 1930 19

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
H.D. Sept. 19, 1930
(Official Designation) (Date of Issue of Permit)

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If this occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES, OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person upon he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for substantial reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, and shall sign the same. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence. If known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice: will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance on whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. *174*

PLACE OF DEATH

Suffolk
(County)

Winthrop Min. Comm. Hosp.
(City or Town)

No. *16* *Winthrop Road* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George Douglas

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *16* *Winthrop Road* St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *50* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED *Married*
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of *Margaret, Caroline, Robertson*
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *31* Years *5* Months *21* Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *accountant*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *firm of Winthrop*
10 Date deceased last worked at this occupation (month and year) *9/8/30* 11 Total time (years) spent in this occupation *28 years*

12 BIRTHPLACE (City) *Prince Edward Island*
(State or country) *Canada*

13 NAME OF FATHER *Edward Douglas*

14 BIRTHPLACE OF FATHER (City) *Prince Edward Island*
(State or country)

15 MAIDEN NAME OF MOTHER *Margaret Clark*

16 BIRTHPLACE OF MOTHER (City) *Prince Edward Island*
(State or country)

17 Informant *Frank Douglas*
(Address) *16 Winthrop Rd Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Spalding

(Signature of Agent of Board of Health or other)

H.O. (Official Designation) *Sept. 20, 1930.* (Date of Issue of Permit)

18 DATE OF DEATH *Sept 18 1930*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *Dec 1922* to *Sept 18 1930*, 1930.
I last saw him alive on *Sept 16*, 1930, death is said to have occurred on the date stated above, at *3:30* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic myocarditis
Angina pectoris

Date of onset
1922
Sept 18, 1930

Contributory causes of importance not related to principal cause:

Name of operation *none* Date of
What test confirmed diagnosis *Personal history* Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? *no*
If so, specify
(Signed) *Raymond B. Parker*, M. D.
(Address) *Winthrop Mass* Date *Sept 20, 1930*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop* *Winthrop*
(Cemetery) (City or town)

DATE OF BURIAL *Sept 1 - 21 - 1930* 19

22 NAME OF UNDERTAKER *C. H. Bennett*
ADDRESS *2 Winthrop Mass*

Received and filed *Sept 30, 1930*

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

22 Nov. 18. 1930

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Atherosclerosis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 36, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHWinthrop
(City or town making return)

Registered No. 176

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 16 - A Forest St St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Butterfield Baby

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 16 - A Forest St St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED Single (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 12 Years 12 Months 12 Days If less than 1 day 1 Hours 1 Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop (State or country) Mass

13 NAME OF FATHER Wyartt Butterfield

14 BIRTHPLACE OF FATHER (City) Winthrop (State or country) R.I.

15 MAIDEN NAME OF MOTHER Alma, Farcy

16 BIRTHPLACE OF MOTHER (City) Danvers (State or country) Ill

17 Informant Wyartt H. Butterfield (Address) 16 - A Forest St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 9/22/30
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 19 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Sept 19, 1930 to Sept 19, 1930
I last saw him alive on Sept 19, 1930 death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Congenital heart disease

Date of onset

Contributory causes of importance not related to principal cause:

Dysrhythmia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify
(Signed) [Signature] M. D.
(Address) 362 Shirley St. Date Sept 19 193021 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL 8/22-1930 19

22 NAME OF UNDERTAKER C. P. [Signature]

ADDRESS Winthrop Mass

Received and filed Sept 30 1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

28 Feb. 19. 1930

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *chief engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying, e. g., heart failure, apoplexy, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions if any related to the principal cause and any important complication of the principal cause. Under contributory causes of importance, not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1911
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith condescend it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. *Bronchopneumonia:* If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Wintthrop
(City or town making return)

Registered No. *171*

1 PLACE OF DEATH

Wintthrop
(County)
Suffolk
(City or Town)

No. *164 Nahant ave* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Elizabeth Leitch

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *164 Nahant ave* St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *3* yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *female* 4 COLOR OR RACE *white* 5 SINGLE (write the word)
MARRIED *Widow*
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of *Elizabeth Douglas*
(Give maiden name of wife in full)
(or) WIFE of *John Leitch*
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *54* Years *X* Months *X* Days If less than 1 day
Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) *2 weeks* 11 Total time (years) spent in this occupation.

12 BIRTHPLACE (City) (State or country) *Scotland*

13 NAME OF FATHER *Scholto Douglas*

14 BIRTHPLACE OF FATHER (City) (State or country) *Scotland*

15 MAIDEN NAME OF MOTHER *Madalan Ogilvie*

16 BIRTHPLACE OF MOTHER (City) (State or country) *Scotland*

17 Informant *Elizabeth Nally*
(Address) *164 Nahant ave*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) *9/23/30* (Date of Issue of Permit)

18 DATE OF DEATH *Sept. 19 1930*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *June 27* to *Sept 19*, 19 *30*
I last saw her alive on *Sept 19*, 19 *30* death is said to have occurred on the date stated above, at *6 p.m.*

The principal cause of death and related causes of importance in order of onset were as follows:

Bronchus Pneumonia

Date of onset *9/13*

Contributory causes of importance not related to principal cause:

Myocardial Arteriosclerosis 19 *27*

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify *Edema*
(Signed) *Edema* Date *9/20* 19 *30*
(Address) *20 Crescent Ave*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Wintthrop Wintthrop*
(Cemetery) (City or town)
DATE OF BURIAL *Mon. Sept 22* 19 *30*

22 NAME OF UNDERTAKER *C. B. Burman*
ADDRESS *Wintthrop*

Received and filed *Sept. 30, 1930* 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

20 Feb. 19. 1930

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman employed only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927
.....
.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causing the principal cause may appear in either first, second or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person, or of any member of the family of the deceased, furnish for registration a brief certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the period as required by section one, where the same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

...We shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHWinstock
(City or town making return)

Registered No. 177

PLACE OF DEATH

Suffolk
(County)Winstock
(City or Town)

No. 8 Waldeman ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Harriett Elizabeth Wilkins Newmark

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 8 Waldeman ave St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 24 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED married (write the word)

5a If married, widowed, or divorced

HUSBAND of Alfred Newmark (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years 3 Months 5 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston - (State or country) Mass

13 NAME OF FATHER Edward M. Wilkins

14 BIRTHPLACE OF FATHER (City) Boston - (State or country) Mass

15 MAIDEN NAME OF MOTHER Clara A. Pickers

16 BIRTHPLACE OF MOTHER (City) Boston - (State or country) Mass

17 Informant Alfred Newmark (Address) 8 Waldeman ave Winstock

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other Health Officer)
9/26/30
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 26 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 19 1930, to Sept 26 1930

I last saw her alive on Sept 26 1930, death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocarditis 1928
Chronic Obstructive Nephritis 1928

Contributory causes of importance not related to principal cause:

Name of operation none Date of -
What test confirmed diagnosis? Physical exam Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify No
(Signed) Raymond B. Parker M. D.
(Address) Winstock Mass Date Sept 26 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winstock Boston (Cemetery) (City or town)

DATE OF BURIAL Sept 28 1930 19

22 NAME OF UNDERTAKER Chas. R. Benson
ADDRESS Winstock Mass

Received and filed Sept. 30 1930

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *saw factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," which is more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphemia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death. Abortion, cellulitis, chilblain, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Registered No. *107*

PLACE OF DEATH

No. *91* *Winthrop* St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *91* *Winthrop* St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred *20* yrs. — mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE (write the word)
MARRIED *Married*
WIDOWED
or DIVORCED

5a If married, widowed, or divorced
HUSBAND of *Mary A. Neill*
(Give maiden name of wife in full)

(or) WIFE of *John Barry*
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE *82* Years — Months — Days If less than 1 day
Hours — Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Pharmacist*
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*
10 Date deceased last worked at this occupation (month and year) *Aug 3, 1910* 11 Total time (years) spent in this occupation *45*

12 BIRTHPLACE (City) *Boston*
(State or country) *Mass*

13 NAME OF FATHER *John Barry*

14 BIRTHPLACE OF FATHER (City) *Ireland*
(State or country)

15 MAIDEN NAME OF MOTHER *Can not be*

16 BIRTHPLACE OF MOTHER (City) *obtained*
(State or country)

17 Informant *Miss Florence Barry*
(Address) *91 Winthrop St.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

J. M. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) *9/29/30* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Sept 29, 1930*
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from *June 12, 1930* to *Sept 24, 1930*
I last saw him alive on *Sept 20, 1930*, death is said to have occurred on the date stated above, at *140 Q. m.*

The principal cause of death and related causes of importance in order of onset were as follows:

Edema of Lungs

Date of onset

9/27/30

Contributory causes of importance not related to principal cause:

General arterio sclerosis

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *Harry W. Kelly* M. D.
(Address) *Winthrop* Date *9/29/30*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Winthrop Burial*
(Cemetery) (City or town)

DATE OF BURIAL *Oct 1, 1930* 19*30*

22 NAME OF UNDERTAKER *John McKeenan*
ADDRESS *603 Broadway, Boston, Mass*

Received and filed *Oct 1, 1930* 19*30*

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Sept. 29, 1930

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 3, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen of the town, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as far as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or from a town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, gynecitis, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Suffolk
SUFFOLK

(County)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 129

PLACE OF DEATH

WINTHROP

(City or Town)

No. 45 Chester Ave

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A Sullivan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 45 Chester Ave

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

Female White

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Conellus Sullivan

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 68

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own home

10 Date deceased last worked at this occupation (month and year)

Oct 1 1930

11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF FATHER

Timothy Harrington

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary A Sullivan

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant

Joseph Sullivan

(Address)

45 Chester Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

H.D.

(Date of Issue of Permit)

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

Oct. 2 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Jan 1 1930 to Oct 2 1930

I last saw him alive on Oct 1 1930 death is said

to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic hypertensive nephritis

Date of onset

Chronic hypertensive nephritis

Chronic hypertensive nephritis

Chronic hypertensive nephritis

Chronic hypertensive nephritis

Chronic hypertensive nephritis

Chronic hypertensive nephritis

Chronic hypertensive nephritis

Chronic hypertensive nephritis

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Chronic hypertensive nephritis

Chronic hypertensive nephritis

Chronic hypertensive nephritis

Chronic hypertensive nephritis

Revised United States Standard Certificate of Death

REV. 2, 1930

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every period aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatsoever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes, the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 40, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following disease, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH



Winthrop
(City or town making return)

Registered No. 1180

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. Winthrop Community Hospital Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francesca Criscuoli

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 78 Park av Revere mass Ward, Revere mass
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 10 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

WIDOWED of (Give maiden name of wife in full) Virginia Criscuoli
(or) WIFE of (If husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 28 Years Months Days If less than 1 day Hours Minutes

18 DATE OF DEATH Oct 5, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Sept 1930 to Oct 5, 1930.
I last saw him alive on Oct 5, 1930, death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Paralytic ileus

Date of onset

Contributory causes of importance not related to principal cause:

Operation for pleur inflammation

Name of operation Salpingectomy Date of 9/20/30
What test confirmed diagnosis Consultation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis Sussel M. D.

(Address) 72 Shirley St Date 10/5 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Brookdale Dedham Mass.
(Cemetery) (City or town)

DATE OF BURIAL Oct. 8th 1930

22 NAME OF UNDERTAKER R. D. Guarente

ADDRESS 415 Hanover St Boston

Received and filed Oct 10 1930 19

A TRUE COPY, ATTEST:

(Registrar)

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation 14

12 BIRTHPLACE (City) Boston
(State or country) Mass

13 NAME OF FATHER Gaetano Abate

14 BIRTHPLACE OF FATHER (City) Italy
(State or country)

15 MAIDEN NAME OF MOTHER Julia Fortunata

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

17 Informant Father Gaetano Abate
(Address) 78 Park av Revere mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Health or other)

Health Officer 10/6/30
(Official Designation) (Date of Issue of Permit)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had been engaged in more than one occupation, report as at school or at home. For a woman whose only occupation was that of home housework, write *Housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter, painter, machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board or agent or clerk, as the case may be, a satisfactory written statement, whenmaking the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided, if there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient; a physician who is a member of the board of health, or employed by it, or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . . *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Cambridge

(City or town making return)

Registered No. 100192

1 PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital

St.

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Elizabeth Clifford (Reardon)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 201 Winthrop St.

St.

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

James Clifford

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 68

Years 11

Months 7

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

At home

10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City) Toronto

(State or country)

Canada

13 NAME OF
FATHER

Martin Reardon

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Canada

15 MAIDEN NAME
OF MOTHER

Margaret Clark

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Canada

17

Informant
(Address)

James E Clifford

201 Winthrop St. Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Nov 14,

1930

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

Oct 7 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct 1

1930, to Oct 7

1930

I last saw her alive on Oct 6, 1930, death is said

to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Cerebral hemorrhage 8 mos

left hemiplegia

Contributory causes of importance not related to principal cause:

Diabetes before Sept 1930

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Gaffery, M. D.

(Address) Holy Ghost Hosp. Date Oct 7 1930

21 PLACE OF BURIAL, New Calvary Cem. Boston

CREMATION OR REMOVAL

Oct 9 1930

(City or town)

DATE OF BURIAL

19

22 NAME OF
UNDERTAKER Edward J. Gaffery

ADDRESS

Medford, Mass.

Received and filed

Oct 8 1930

19

(Registrar of City or Town where deceased resided)

Oct. 7. 1930



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSMEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Revere

(City or town making return)

Registered No. 18

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Marsh near Mueller's Field St.

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME John Francis O'Toole

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 34 Pleasant

St.,

Ward,

Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Single

Male

White

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 20

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Manager

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Airport

10 Date deceased last worked at
this occupation (month and
year) Oct. 193011 Total time (years)
spent in this
occupation 6 mos.

12 BIRTHPLACE (City)

(State or country)

Winthrop
Mass.13 NAME OF
FATHER

Timothy O'Toole

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Flora A. MacDonald

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Nova Scotia

17

Informant
(Address)

Edward O'Toole

34 Pleasant St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Francis Licata, M. D.

(Signature of Agent of Board of Health or other)

Chairman Bd. Health Oct 14, 1930

(Official Designation)

(Date of Issue of Permit)

Revere, Mass.

18 DATE OF
DEATH

October

11

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I have investigated the death
of the person above-named and that the CAUSE AND MANNER thereof are
as follows: (If an injury was involved, state fully)

Incineration, partial,

incidental to the fall of an

aeroplane

(Aviation accident; operator)

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident,

Suicide or

Homicide?

Date of injury Oct. 11 1930

Where did

injury occur?

Revere, Mass.

(City or town and State)

Manner of

Injury

Nature of

Injury

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George A. MacDonald

M. D.

(Address) 123 St. Co. Date 10/12/1930

22 PLACE OF BURIAL

CREMATION OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL October 14

1930

23 NAME OF

UNDERTAKER

John F. O'Leary

ADDRESS

79 Atlantic St., Winthrop

Received and filed

October 17

1930

A TRUE COPY, ATTEST:

(Registrar)

Oct. 21, 1930.

Oct. 11. 1930.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Marblehead

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 182-96

PLACE OF DEATH

Essex

(County)

Marblehead

(City or Town)

No. Comfort Home

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Martha L. Symonds

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 17 Belcher

St.,

Ward,

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

Female White

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced
HUSBAND of William B. Symonds

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 88

Years

7

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

At home

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation12 BIRTHPLACE (City) Newburyport
(State or country) Mass.13 NAME OF
FATHER

Henry Ewell

14 BIRTHPLACE OF
FATHER (City) Scituate

(State or country) Mass.

15 MAIDEN NAME
OF MOTHER

Mary Ross

16 BIRTHPLACE OF
MOTHER (City) Unknown

(State or country) "

17 Informant John H. Townsend

(Address) Winthrop, Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

Nov. 7,

19. 30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

October

11,

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug. 12, 1929, to Oct. 11, 1930

I last saw her alive on Oct. 2, 1930, death is said

to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Sarcoma of Neck

Aug. 8,

1929

Contributory causes of importance not related to principal cause:

Sciatic Neuritis

Nov. 1929

Name of operation Removal right eye Date of Aug. 29

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

S. Willard Coy

M. D.

(Signed) 34 Princeton St. Date Oct. 14, 1930

(Address)

Date

21 PLACE OF BURIAL, CREMATION OR REMOVAL Waterside Marblehead

(Cemetery)

(City or town)

DATE OF BURIAL October 14,

1930

22 NAME OF
UNDERTAKER George E. Nichols

ADDRESS Marblehead, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

Oct. 11. 1930.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)
Registered No. 62

1 PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 60 Orlando Ave. St.

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mary, Alice Bacon Macomber
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 60 Orlando Ave.

(Usual place of abode)

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 40 yrs. X mos. X days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE (write the word)
MARRIED Married
WIDOWED
or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife or girl)

(or) WIFE of

Nary Eaton Macomber
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 11 Months 10 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)
(State or country)

Boston
Mass

13 NAME OF FATHER

Charles Edward Bacon

14 BIRTHPLACE OF FATHER (City)

Swampscott
Mass

15 MAIDEN NAME OF MOTHER

Arlita Bryant Jones

16 BIRTHPLACE OF MOTHER (City)

Danversville Mass

17

Informant
(Address)

Harry E. Macomber
60 Orlando Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

W. M. S. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/15/30

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH

Oct 12 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct 5 1930, to Oct 12 1930

I last saw her alive on Oct 5, 1930, death is said

to have occurred on the date stated above, at 9 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Acute Bronchitis Oct 5 1930
Acute Endocarditis Oct 5 1930

Contributory causes of importance not related to principal cause:

Primum lateral sclerosis 1911

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

No

If so, specify

Raymond B. Parker M. D.
(Signed) (Address) 1111 Broadway, New York City Date Oct 13 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Winthrop, Winthrop
(Cemetery) (City or town)

DATE OF BURIAL

Oct 13 1930

22 NAME OF UNDERTAKER

Charles R. Benson

ADDRESS

Winthrop, Mass.

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Box 12, 1930

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be reported as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

- To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asbestosis, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	
<i>Atherosclerosis</i>	Date of onset 1915
<i>Chronic interstitial nephritis</i>	1922
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town or parish until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town or from a cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery until he has received a permit from the board of health or its agent aforesaid or from the clerk of that town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chilblain, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

0158) Name

The Commonwealth of Massachusetts



OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 8590

1 PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospital

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jeremiah P. Wells

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 194 Washington

St.,

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 24

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Gardener

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Various Jobs

10 Date deceased last worked at this occupation (month and year)

Sept. 1930

11 Total time (years) spent in this occupation. 6 yrs.

12 BIRTHPLACE (City)

Somerville

(State or country)

Mass.

13 NAME OF FATHER

Jeremiah B. Wells

14 BIRTHPLACE OF FATHER (City)

Cambridge

(State or country)

Mass.

15 MAIDEN NAME OF MOTHER

Rosalie E. Dickinson

16 BIRTHPLACE OF MOTHER (City)

Wiscasset

(State or country)

Me.

17

Informant (Address)

J B Wells

Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

C. Sullivan

(Signature of Agent of Board of Health or other)

October 14, 1930

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

October

13,

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

October 5, 1930 to October 13, 1930

I last saw him alive on October 13, 1930, death is said

to have occurred on the date stated above, at 5:05P m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Appendicitis, Acute

15 days

Peritonitis

8 days

Contributory causes of importance not related to principal cause:

Bronchitis, Acute

2 days

Name of operation Dr. of appendix abscess Date of 10/5/30

What test confirmed diagnosis? Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. Rhees

(Address) Boston, Mass.

Date 10/13/19 30

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Pauls Arlington

(Cemetery)

(City or town)

DATE OF BURIAL

October

16,

19

30-

22 NAME OF UNDERTAKER

W J Doherty

ADDRESS

Dorchester, Mass.

Received and filed October 16, 1930

A TRUE COPY ATTEST:

(Registrar)

Oct. 13, 1930

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Suffolk

(County)

Boston

(City or Town)

No. Mass. Memorial Hospital

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Boston

(City or town making return)

Registered No. 226

1 PLACE OF DEATH

2 FULL NAME

Baby Epstein

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 39 Pearl Ave.

St.,

Ward,

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

Stillborn

7

AGE Years Months Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF FATHER

Charles Epstein

14 BIRTHPLACE OF FATHER (City)

Woonsocket

(State or country)

R I

15 MAIDEN NAME OF MOTHER

Sarah Buinze

16 BIRTHPLACE OF MOTHER (City)

Boston

(State or country)

Mass.

17

Informant (Address)

Father

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A. E. C.

(Signature of Agent of Board of Health or other)

Oct. 17, 1931

(Official Designation)

(Date of Issue of Permit)

mar. 18, 1931

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

October

16,

1931

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw him alive on....., 19....., death is said

to have occurred on the date stated above, at 9:32P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Stillborn

Macerated foetus

Contributory causes of importance not related to principal cause:

Asphyxia from knot in umbilical cord.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. A. Powell

M. D.

(Address) Mass. Memorial Hosp.

Date 9/17/19

30

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt. Lebanon

W Roxbury

(Cemetery)

(City or town)

3d

DATE OF BURIAL

October 17,

1931

22 NAME OF UNDERTAKER

J. H. Levine

ADDRESS

Dorchester, Mass.

Received and filed

October 20,

1931

A TRUE COPY, ATTEST:

(Registrar)



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 52 Revere St.

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Registered No. 188

2 FULL NAME Lavinia Mead

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 52 Revere St.

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of James Meade
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years Months Days If less than 1 day
Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Prince Edward Island
(State or country)

13 NAME OF FATHER Charles Crozier

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER unable to learn

16 BIRTHPLACE OF MOTHER (City) Prince Edward Island
(State or country)17 Informant Norma Crosby
(Address) 52 Revere St. Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/17/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 17 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1930 to Oct 17, 1930

I last saw him alive on Oct 15, 1930, death is said
to have occurred on the date stated above, at 1 P. m.The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

myocarditis 8/20/29

Contributory causes of importance not related to principal cause:

status epilepticus 1929

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) C. H. H. M. D. (Address) 1217 19 20 Date 10/17/30

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope Boston
(Cemetery) (City or town)

DATE OF BURIAL October 19 19 30

22 NAME OF UNDERTAKER W. H. Graham

ADDRESS Boston, Mass.

Received and filed Oct 27 19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in the domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *car painter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1915
<i>Cerebral hemorrhage</i>	July 5, 1917
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1917

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as far as possible by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made... *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gasstris, erysipelas, meningitis, miscarriage, necrosis, peritonitis, plebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHE. Boston
(City or town making return)

Registered No. 11

PLACE OF DEATH

(County)

(City or Town)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ernest Brown

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 430 Madison St., E. C. St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. days. How long in U. S., if of foreign birth? 26 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

Male

White

MARRIED
WIDOWED
or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

Albertina Hakonson

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 51

Years 1

Months 9

If less than 1 day

Days Hours Minutes

18 DATE OF

DEATH

October

17

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

October 13, 1930, to October 17, 1930

I last saw him alive on October 17, 1930, death is said

to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Acute Pulmonary Edema

10/13/30

Contributory causes of importance not related to principal cause:

Solar Pneumonia

10/13/30

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Guy J. Schraf, M. D.

(Address) 43 Madison St. Date 10/15/1930

21 PLACE OF BURIAL
CREMATION OR REMOVAL Woodlawn C.

(Cemetery)

(City or town)

DATE OF BURIAL Oct 21, 1930

22 NAME OF UNDERTAKER E. G. Rollins

ADDRESS East Boston, Mass.

Received and filed 1 19 30

A TRUE COPY, ATTEST:

(Registrar)

12 BIRTHPLACE (City)
(State or country)

Sweden

13 NAME OF FATHER

Henry W. Brown

14 BIRTHPLACE OF FATHER (City)

Wassaga

(State or country)

Sweden

15 MAIDEN NAME OF MOTHER

Eliot Lomotte

16 BIRTHPLACE OF MOTHER (City)

Sweden

(State or country)

17

Informant

John Brown

(Address)

31 Sherman St. Everett, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Caldwell

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit) 10/18/30

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school*, or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.
- In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, name any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Altersclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, the age, the disease of which he died, defined as required by section 9, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal exam as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal exam shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional explanation which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, mictetanus, necrosis, peritonitis, phlebitis, pyemia, septicemia,

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1750,93

1 PLACE OF DEATH

Middlesex
(County)

(City or Town)

No. Charlesgate Hospital

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Amelia Jane Hodgkins (Taylor)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 49 Quincy Ave.

St.,

Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Willard Hall Hodgkins Jr.
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 49 Years 3 Months 9 Days If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

At home

10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

Newfoundland

13 NAME OF
FATHER

Silas Taylor

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Newfoundland

15 MAIDEN NAME
OF MOTHER

Catherine Moss

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Newfoundland

17

Informant
(Address)Willard Hall Hodgkins 3rd
Lynnfield Mass.

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Oct 17 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct 3 1930 to Oct 17 1930

I last saw her alive on Oct 15 1930 death is said

to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Pulmonary Embolus

Oct 17 1930

Contributory causes of importance not related to principal cause:

Ruptured Appendix and Peritonitis

Name of operation

Appendectomy

Oct 3, 30

What test confirmed diagnosis? Path. Report Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William B. Harrison

M. D.

(Address) 520 Commonwealth Ave.

Date Oct 17, 30

21 PLACE OF BURIAL

CREMATION OR REMOVAL

Waltham Cemetery

(City or town)

DATE OF BURIAL

10/20/1930

19

22 NAME OF
UNDERTAKER

Charles R. Harrison

ADDRESS

Waltham, Mass.

Oct 20 1930

Received and filed

19

(Registrar of City or Town where deceased resided)

Oct. 17. 1930

James

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 187

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)No. 10 Sea Foam St., an- Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Abraham Pinkelstein
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 10 Sea Foam St., an- Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. days. How long in U. S., if of foreign birth? 44 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced Grace Cohen
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 Date deceased last worked at this occupation (month and year) Feb. 1930 11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Russia (State or country)

13 NAME OF FATHER Jacob Pinkelstein

14 BIRTHPLACE OF FATHER (City) Russia (State or country)

15 MAIDEN NAME OF MOTHER Toby - Sessels

16 BIRTHPLACE OF MOTHER (City) Russia (State or country)

17 Informant Ida Shinsone (Address) 18 Hawthorne Ave. W. 17

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childs
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/24/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 23, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 18, 1930, to Oct. 23, 1930. I last saw him alive on Oct. 23, 1930, death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

1. Presbycusis arteriosclerosis Apr. 18/30
2. Senility " "

Contributory causes of importance not related to principal cause:

Chronic Bronchitis
Secondary anemia

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Jacob S. Pudd, M. D. (Address) 562 Shirley St. Date Oct. 24, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Israel (Cemetery) W. 17 City of W. 17

DATE OF BURIAL Oct. 24, 1930

22 NAME OF UNDERTAKER Jacob S. Pudd ADDRESS 57 Fowler St. W. 17

Received and filed 10/24/30 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *tailor, merchants and unskilled mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashlentia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

.....	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

.....
.....
.....
.....
.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

"He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumas (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Suffolk

(County)

Boston

(City or Town)

Boston

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 8908 194

PLACE OF DEATH

No. Boston Psychopathic Hospital St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Major William Barber

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 69 Grover Ave. St., Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of Anna Meyer (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 54 Years 1 Months 30 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. J H Godder & Co.
10 Date deceased last worked at this occupation (month and year) 5/25/30 11 Total time (years) spent in this occupation 30 yrs.

12 BIRTHPLACE (City) Elizabeth (State or country) N J

13 NAME OF FATHER -- Barber

14 BIRTHPLACE OF FATHER (City) New Jersey (State or country)

15 MAIDEN NAME OF MOTHER Core Stoddard

16 BIRTHPLACE OF MOTHER (City) New Jersey (State or country)

17 Informant A M Barber (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A E C

(Signature of Agent of Board of Health or other)

October 25, 1930

(Official Designation)

(Date of Issue of Permit)

Nov. 13, 1930

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 24, 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 15, 1930 to October 24, 1930

I last saw him alive on October 24, 1930, death is said to have occurred on the date stated above, at 9:13 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Generalized Arteriosclerosis 1928

Contributory causes of importance not related to principal cause:

Hypertrophy of the heart 1920

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J P Powers M. D. (Address) Boston, Mass. Date 10/25/30

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Kensico Kensico N.Y. (Cemetery) (City or town)

DATE OF BURIAL October 28, 1930

22 NAME OF UNDERTAKER C R Bennison ADDRESS Winthrop, Mass.

Received and filed October 28, 1930

A TRUE COPY, TEST:

(Registrar)

Oct. 24. 1930

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



Skutumpah
(City or town making return)

Registered No. *2378*

1 PLACE OF DEATH

(County) *Suffolk*

(City or Town) *Skutumpah*

No. *21 Faine*

St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Catherine McCarthy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. *21 Faine*

(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

Michael C. McCarthy

(or) WIFE of

Catherine McCarthy

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE *55* Years

7 Months

19 Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housewife

10 Date deceased last worked at this occupation (month and year)

June 1930

11 Total time (years)

spent in this occupation

35 yrs

12 BIRTHPLACE (City)

(State or country)

Leicester, Maine

13 NAME OF FATHER

Patrick Carroll

14 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary Bulger

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

17

Informant (Address)

Myrle C. McCarthy, 21 Faine St. Skutumpah

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

October 29

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY that I attended deceased from

January 29

to

Oct 29

1930

I last saw her alive on

Oct 28

1930

death is said

to have occurred on the date stated above, at *3.30 A.M.*

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic nephritis

Date of onset

1924

Contributory causes of importance not related to principal cause:

Hypertension

1944

Name of operation

Date of

What test confirmed diagnosis?

Urinalysis

Was there an autopsy? *no*

20 Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed)

Myrle C. McCarthy

M. D.

(Address)

21 Faine St. Skutumpah

Date

10-31-30

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross Burial

(Cemetery)

(City or town)

DATE OF BURIAL

Oct 31

19

22 NAME OF UNDERTAKER

P. J. Kirby

ADDRESS

Skutumpah

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, assthema, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Alterschistosiasis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	May 3, 1927
<i>Automobile accident</i>	.....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the purpose, physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof, which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. 189

PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 130 Pauline

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Laura A. (Goodwin) Brown

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 130 Pauline

(Usual place of abode)

St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Atwood F. Brown

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 74

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Lincoln

(State or country)

Maine

13 NAME OF FATHER

Alongo Goodwin

14 BIRTHPLACE OF FATHER (City)

Harrison

(State or country)

Maine

15 MAIDEN NAME OF MOTHER

Rhoda Sanborn

16 BIRTHPLACE OF MOTHER (City)

Newport

(State or country)

Maine

17

Informant (Address)

Mrs. A. L. Maddocks
130 Pauline St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William W. Childers

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

11/2/30

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

10 (Month)

30 (Day)

30 (Year)

19 I HEREBY CERTIFY, That I attended deceased from

10/15/1930

to

10/30/1930

1930

I last saw him alive on 10/30/1930, death is said

to have occurred on the date stated above, at 9P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Edema of Lungs

Date of onset

1 day

Contributory causes of importance not related to principal cause:

Chronic Hemorrhage

1 wk

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Harry A. Kelly

M. D.

(Address)

Waltham

Date

10/1/1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Munroe, (Cemetery)

Munroe, Me. (City or town)

DATE OF BURIAL

Nov. 3,

1930

22 NAME OF UNDERTAKER

Charles P. Bennison

ADDRESS

Winthrop, Mass.

Received and filed

11-2-30

1930

A TRUE COPY, ATTEST:

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 6.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent storesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chilblains, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not painfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *stock factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions. If any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Acute infectious</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cardiac hemorrhage</i>	July 5, 1927.
.....	
.....	
.....	
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927.

In a group of causes containing the principal cause and related causes the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 190

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 33 Pleasant Park Rd. St.,

Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Bridget Elizabeth Gibbons (Kelley)

(If deceased is a married, widowed or divorced woman, give also maiden name)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 33 Pleasant Park Rd. St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 yrs. -

mos. -

days.

How long in U. S., if of foreign birth? 74 yrs. -

mos. -

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

John E. Gibbons

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 81 Years - Months - Days

If less than 1 day

Hours - Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

At home

10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

(State or country)

Ireland

13 NAME OF
FATHER

John Kelley

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Ireland

15 MAIDEN NAME
OF MOTHER

Catherine Sweeney

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Ireland

17

Informant
(Address)Miss Grace M. E. Gibbons
53 Pleasant Park Rd. Win.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:William D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATHOct. 30 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I attended deceased from

Oct. 29 to Oct. 30, 1930

I last saw him alive on Oct. 30, 1930, death is said

to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Myocarditis 1929

Contributory causes of importance not related to principal cause:

Arteriosclerosis ?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. Kelly, M. D.

(Address) Winthrop

Date 1930 1931

21 PLACE OF BURIAL,
CREMATION OR REMOVALSt. Joseph's Boston
(City or town)

DATE OF BURIAL

November 1 1930

22 NAME OF
UNDERTAKERM. J. Kelly
11 Highland St. E. B.

Received and filed

Nov 3 1930

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 195

PLACE OF DEATH

Suffolk
(County)
Winthrop
(City or Town)

No. 178 - Circuit Rd St., 2 Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

John T. Post
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 178 Circuit Rd Str., 2 Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 8 yrs. — mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Mrs. A. Abbott-Post (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years 6 Months 21 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. accident bar 10 Date deceased last worked at this occupation (month and year) 3 years 11 Total time (years) spent in this occupation 15 yrs

12 BIRTHPLACE (City) Kensington (State or country) New York

13 NAME OF FATHER John A. Post

14 BIRTHPLACE OF FATHER (City) Newburg (State or country) N. Y.

15 MAIDEN NAME OF MOTHER Delia City

16 BIRTHPLACE OF MOTHER (City) Newburg (State or country) N. Y.

17 Informant (Address) Wife Mrs. A. Abbott-Post Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 3 1936 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 1930 to Nov 3 1930 I last saw him on Nov 3 1930, death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Edema of Lungs

Date of onset

1

Contributory causes of importance not related to principal cause:

Cerebral Hemorrhage

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry J. Kelly M.D. (Address) 120 W. 11th St. Date 11-5-1936

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cemetery (Cemetery) (City or town)

DATE OF BURIAL Nov 5 1936 19

22 NAME OF UNDERTAKER Walter T. White

ADDRESS 157 Pleasant Winthrop

Received and filed Nov 7 1936

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hold*, etc. For a person who had no occupation whatever write *none*.

- 7.—To be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer." Then a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, journey mechanic*, etc. Distinguish carefully between *valid mechanics* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

Principal cause	Date of onset
Atherosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, starting to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, in form, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws shall be for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection** related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-2-30, No. 7997-a

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 196

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. Winthrop Com. Halls, St., Ward

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Frederick Henry Shanek
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR

no

(a) Residence. No.

364 Winthrop

St.,

Ward

Winthrop Mass.
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

MARRIED

(write the word)

Male

White

Widowed

or DIVORCED

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Lillian Shanek Parris
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

52 Years

3 Months

25 Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Proprietor

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Grocery store

10 Date deceased last worked at
this occupation (month and
year)

Nov. 1, 1930

Total time (years)
spent in this
occupation 30

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

13 NAME OF
FATHER

Henry Shanek

14 BIRTHPLACE OF
FATHER (City)

Germany

(State or country)

15 MAIDEN NAME
OF MOTHER

Unknown

16 BIRTHPLACE OF
MOTHER (City)

Germany

(State or country)

17

Informant

(Address)

Mrs. Muriel Shanek

281 Winthrop St. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:Wm. D. Childress
(Signature of Agent of Board of Health or other)Health Officer
(Official Designation)11/6/30
(Date of Issue of Permit)18 DATE OF
DEATH

Nov.

(Month)

6

(Day)

1930

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov. 3

1930, to

Nov. 6

1930

I last saw him alive on Nov. 6, 1930, death is said

to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Cancer of Stomach

Aug. 1930

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? Personal Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

P. B. Parker

(Signed)

(Address)

Winthrop Mass.

Date Nov. 6, 1930

21 PLACE OF BURIAL, Winthrop Winthrop
(Cemetery) (City or town)

DATE OF BURIAL Nov. 9, 1930

22 NAME OF UNDERTAKER P. B. Long & Sons

ADDRESS 1979 Massachusetts Ave. Cambridge, Mass.

Received and filed 11/6/30 1930

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make each entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation is that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation of the appropriate terms, as *housekeeper*—*private family*, *cook*, *hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soup factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1905
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, shall appear upon the permit, and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; or otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposable due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia); and by the action of chemical (drugs or poisons), thermal, or electrical agents; and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

7-301A

75m-2-30, No. 7997-3

1075 R
PLACE OF DEATH
1

Suffolk
(County)
Winthrop
(City or Town)

No. 70 Summit Ave St., 4 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 197

2 FULL NAME

Fannah Elizabeth Brackett
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 70 Summit Ave St., 4 Ward,
(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 yrs. — mos. — days. — How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Divorced (write the word)

5a If married, widowed, or divorced

HUSBAND of Calvin R. Brackett
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 86 Years 5 Months 12 Days If less than 1 day Hours — Minutes

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 10 Date deceased last worked at this occupation (month and year) X 11 Total time (years) spent in this occupation ✓

12 BIRTHPLACE (City) Rockhill (State or country) Conn.

13 NAME OF FATHER Wm McCullum

14 BIRTHPLACE OF FATHER (City) Scotland (State or country)

15 MAIDEN NAME OF MOTHER Not Known

16 BIRTHPLACE OF MOTHER (City) Not Known (State or country)

17 Informant (Address) Daughter Mrs Chas H. Moore 70 Summit Ave Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/9/30



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 8, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1929, to Nov 8, 1930
I last saw him alive on Nov 6, 1930, death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Arterio-sclerosis

Contributory causes of importance not related to principal cause:

Senility Some years

Name of operation none Date of What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Wm. J. Quinn, M. D. (Address) Winthrop Mass Date Nov 10, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Olson Lowell Mass (Cemetery) (City or town)

DATE OF BURIAL Nov 10, 1930 19

22 NAME OF UNDERTAKER Walter J. White ADDRESS Winthrop Mass

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private janitor*, *cook*, *hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *sawp factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example	
The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Corboid hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as recorded by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent, addressed or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original instrument, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, by a physician who is a member of the board of health, or is employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, in which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-'29. No. 7180-a

PLACE OF DEATH

Suffolk
(County)
Stanthrop
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Stanthrop
(City or town making return)
Registered No. *2318*

No. *Stanthrop Community Hosp* Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Baby William*
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. *164 Cottage Road* St. *12* Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *M.* 4 COLOR OR RACE *White* 5 SINGLE MARRIED (write the word) WIDOWED or DIVORCED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. *Stillborn*

7 AGE Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) *Stanthrop* (State or country) *Mass*

13 NAME OF FATHER *William Melhuim*

14 BIRTHPLACE OF FATHER (City) *Dundee* (State or country) *Scotland*

15 MAIDEN NAME OF MOTHER *Elizabeth Goumen*

16 BIRTHPLACE OF MOTHER (City) (State or country)

17 Informant (Address) *Mr. Wm. Melhuim*
164 Cottage Road

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. Melhuim
(Signature of Agent or Board of Health or other)

740 (Official Designation) *Nov. 14/1930* (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *11* *14* *30*
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from *11-14*, 19*30*, to *19*

I last saw him *alive* on *11-14*, 19*30*, death is said to have occurred on the date stated above, at *11* m.

The principal cause of death and related causes of importance in order of onset were as follows:

Stillborn

Contributory causes of importance not related to principal cause:

Name of operation Date of Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *Harvey A. Elby* M. D. (Address) *200 Tremont* Date *11/14* 19*30*

21 PLACE OF BURIAL, CREMATION OR REMOVAL *Good Cemetery* (Cemetery) (City or town) *Stanthrop*

DATE OF BURIAL *Nov 14* 19*30*

22 NAME OF UNDERTAKER *Elby* ADDRESS

Received and filed *11-14* 19*30*

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employed," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
.....
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	.....
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, or by a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 9.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.. *Chap. 114, Sec. 45, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipels, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Winthrop

(City or town making return)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Not Winthrop Community Hospital St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 199

2 FULL NAME James A. Flanagan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 95 Shirley

St., Ward,

(If U. S.

War Veteran,

specify WAR)

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 75

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Janitor

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Apartment House

10 Date deceased last worked at this occupation (month and year) Nov 1930

11 Total time (years) spent in this occupation 6 yrs

12 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

13 NAME OF

FATHER

John Eliot Flanagan

14 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME

OF MOTHER

Elizabeth Faucett

16 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

17

Informant (Address)

Charles Flanagan

16 Ocean Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/12/30

18 DATE OF DEATH

November 14

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Nov 12

1930, to

Nov 14

1930

I last saw him alive on Nov 14, 1930, death is said

to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Pneumonia

Bronchitis

Nov 14/30

Contributory causes of importance not related to principal cause:

Ch. Valvula Heart Disease

History of

Diabetes

Name of operation

None

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lucille E. Johnson, M. D.

(Address) 125 Waverley St

Date Nov 5 1930

21 PLACE OF BURIAL,

CREMATION OR REMOVAL

Winthrop

Winthrop

(Cemetery)

(City or town)

DATE OF BURIAL

Nov 16

1930

19

22 NAME OF

UNDERTAKER

ADDRESS

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 24

1 PLACE OF DEATH
Suffolk.
(County)
Winthrop.
(City or Town)No. 48 Edgemoor Road. St. Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Margaret F. McKeague, (Fallon)
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S.
War Veteran,
specify WAR)(a) Residence. No. 48 Edgemoor Road. St. Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed. (write the word)

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Phillip McKeague.
(Give maiden name of wife in full)
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 Years Months Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework, Retired.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10 Date deceased last worked at this occupation (month and year) 11, 1930 11 Total time (years) spent in this occupation Years

12 BIRTHPLACE (City) Roxbury, Mass.
(State or country)

13 NAME OF FATHER Unknown (Fallon)

14 BIRTHPLACE OF FATHER (City) Unknown.
(State or country)

15 MAIDEN NAME OF MOTHER Unknown.

16 BIRTHPLACE OF MOTHER (City) Unknown.
(State or country)17 Informant: Mr. Phillip McKeague, Son.
(Address) 48 Edgemoor Road, Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William W. Chidres
(Signature of Agent of Board of Health or other)Agent 11/15/30
(Official Designation) (Date of Issue of Permit)18 DATE OF DEATH November 14, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1930, to Nov 14, 1930.

I last saw her alive on Nov 13, 1930, death is said to have occurred on the date stated above, at 2:30 AM.

The principal cause of death and related causes of importance in order of onset were as follows:

Broncho-Pneumonia 11/13/30

Contributory causes of importance not related to principal cause:

Myocarditis

Name of operation none Date of What test confirmed diagnosis? Clinical Was there an autopsy? 20.

20 Was disease or injury in any way related to occupation of deceased? 20

If so, specify S. O'Brien M. D. (Signed) 70 Edgemoor Road, Winthrop, Mass. (Address) Date 11/15/1930, M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Roxbury, Boston
(Cemetery) (City or town)

DATE OF BURIAL November 16, 1930

22 NAME OF UNDERTAKER Martin E. Kelly
ADDRESS 100 Edgemoor Road, Winthrop

Received and filed 19

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

- 7b.—Be complete, an occupation return must state:
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying. *Heart failure*, *apoplexy*, *asthma*, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1911
<i>Cerebral hemorrhage</i>	July 5, 1917
Contributory causes of importance not related to principal cause:	

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standardized certificate of death, stating to the best of his knowledge and to let the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.... *Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.... *Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as illness of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)

Registered No. 201

PLACE OF DEATH

No. Winthrop Community St., Hospital Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Baby Margoline

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No.

55 Mahan St., Ward,

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED
WIDOWED
or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE Years Months Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

(State or country)

Winthrop, Mass.

13 NAME OF FATHER

Philip Margolin

14 BIRTHPLACE OF FATHER (City)

Russia

(State or country)

15 MAIDEN NAME OF MOTHER

Rebecca Wheeler

16 BIRTHPLACE OF MOTHER (City)

Russia

(State or country)

17

Informant (Address)

Philip Margolin
55 Mahan St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

(Official Designation)

H.C. Nov. 16/1930
(Date of Issue of Permit)

18 DATE OF DEATH

11

(Month)

15

(Day)

30

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

11/15, 1930, to 11/15, 1930

I last saw him alive on 11/15, 1930, death is said

to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Congenital heart

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Silverman, M. D.

(Address) 137 Shirley Ave. Date 11/16, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Beth Shalom Cemetery (City or town)

DATE OF BURIAL

Nov. 16, 1930

22 NAME OF UNDERTAKER

Mamie Danforth

ADDRESS

19 E. 11th St.

Received and filed

19

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

ms-15 1930

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*, *private family*, *cook*, *maid*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc., as *grocery store*, *soda factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contrary, causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, here same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death...
Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by a factory returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith counterseal it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician any other necessary information shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made.—*Chap. 114, Sec. 40, G. L., as amended.*

State cause for which surgical operation was undertaken.
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, metastasis, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 202

1 PLACE OF DEATH

No. 152 Cottage Park Rd.,

Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Alice Julia Dwyer (Garvey)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 152 Cottage Park Rd.,
(Usual place of abode)

Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 5 yrs. — mos. — days. How long in U. S., if of foreign birth? — yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (write the word) Widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full) John Dwyer
6 WIFE of (Husband's name in full)

8 IF STILLBORN, enter that fact here.

7 AGE 59 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home 10 Date deceased last worked at this occupation (month and year) 11/30 11 Total time (years) spent in this occupation 31

12 BIRTHPLACE (City) East Boston (State or country) Mass.

13 NAME OF FATHER Thomas Dwyer

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Bridget Feighery

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mrs. Martha Sullivan (Address) 61 Waldemar Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. X. Childress (Signature of Agent of Board of Health or other Health official) 11/18/30 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 11 15 30 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 11/15/30, to 11/15/30, 1930. I last saw her alive on 11/15/30, 1930, death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Edema of lungs 11/15/30
Acute dilatation of Heart 11/15/30

Contributory causes of importance not related to principal cause:

Gastritis 1

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Mary Ann Kelly, M. D. (Address) 15 Milling Date 11/19/30

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Waverley (Cemetery) (City or town)

DATE OF BURIAL 7 November 18 1930

22 NAME OF UNDERTAKER W. J. Kelly ADDRESS 11 Meridian St., E. Boston

Received and filed 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *steamship engineer*, etc. Avoid the term "laborer." When a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *millwright*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death,.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or the same cemetery, until he has received a permit from the board of health or its agent stored or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts as may be a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-two, of the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration and file it and transmit the permit so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died within recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia) and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**

Boston

(City or town making return)

Registered No. 204

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James S. Hoffses

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 71 Center St.

(Usual place of abode)

St.,

Ward,

Winthrop, Mass.

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Rose Flather (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Liberty Oil

10 Date deceased last worked at this occupation (month and year) 11/7/30 11 Total time (years) spent in this occupation 4 yrs.

12 BIRTHPLACE (City) Waldoboro (State or country) Me.

13 NAME OF FATHER James A. Hoffses

14 BIRTHPLACE OF FATHER (City) Waldoboro (State or country) Me.

15 MAIDEN NAME OF MOTHER Sarah E. Winchesbough

16 BIRTHPLACE OF MOTHER (City) Waldoboro (State or country) Me.

17 Informant Rose Hoffses (Address) Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

H. F. R.

(Signature of Agent of Board of Health or other)

November 18, 1930

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH November 16, 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from November 10, 1930 to November 16, 1930

I last saw her alive on November 16, 1930, death is said to have occurred on the date stated above, at 8:47A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of the rectum - primary 6 mos.

Contributory causes of importance not related to principal cause:

Acute peritonitis 4 days

Name of operation 1st stage excision Date of 11/14/30

What test confirmed diagnosis? Was there an autopsy? Yes.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. G. Englebach, M. D.

(Address) Mass. General Hosp. Date 19

21 PLACE OF BURIAL Winthrop Winthrop (Cemetery) (City of town)

DATE OF BURIAL November 18, 1930

22 NAME OF UNDERTAKER R C Kirby,

ADDRESS Boston, Mass.

Received and filed November 18, 1930

A TRUE COPY, ATTEST:

(Registrar)

Nov. 16. 1930

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 205

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Mass. General Hospital

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME William T. Cassidy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 180 Cottage Park Rd.

St.,

Ward,

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Widowed

5a If married, widowed, or divorced

HUSBAND of Mary E. Magee

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 78 Years 4 Months 15 Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Retired

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Dry Goods Business

10 Date deceased last worked at
this occupation (month and
year)

10 yrs.

11 Total time (years)

spent in this
occupation 7 yrs.

12 BIRTHPLACE (City)

E Boston

(State or country)

Mass.

13 NAME OF
FATHER

Thomas Cassidy

14 BIRTHPLACE OF
FATHER (City)

(State or country)

New Brunswick

15 MAIDEN NAME
OF MOTHER

Elizabeth Joy

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Biddeford

Me.

17

Informant
(Address)

Wm. P. Cassidy, Jr.

Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

H. F. R.

(Signature of Agent of Board of Health or other)

November 18, 1930

(Official Designation)

(Date of Issue of Permit)

18 DATE OF
DEATH

November

16,

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

November 11, 1930 to November 16, 1930

I last saw him alive on November 16, 1930 death is said

to have occurred on the date stated above, at 10:47A.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Strangulated rt. inguinal hernia 6 das.

Contributory causes of importance not related to principal cause:

Uremia 3 das.

Carcinoma of Bladder found at autopsy

Name of operation Repair of hernia Date of 11/11/30

What test confirmed diagnosis? Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. G. Englebach

M. D.

(Address) Mass. General Hosp. Date 11/16/1930

21 PLACE OF BURIAL,
CREMATION OR REMOVAL Woodlawn Everett

(Cemetery)

(City or town)

DATE OF BURIAL

November

18,

1930

22 NAME OF
UNDERTAKER

C. R. Bennison

ADDRESS

Winthrop, Mass.

Received and filed November 18, 1930

A TRUE COPY, ATTEST:

(Registrar)

Norman S. Cassidy
Nov. 16. 1930.



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Winthrop, Mass.,

(City or town making return)

Registered No. 263

PLACE OF DEATH

Suffolk

(County)

Fort Banks,

Winthrop, Mass.,

(City or Town)

No. Stat. Hosp. Ft. Banks, Mass., St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Brown

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR) -----

(a) Residence. No. 3 Pauline

(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred X yrs. X mos. X days. How long in U. S., if of foreign birth? X yrs. X mos. X days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced

HUSBAND of ----- (Give maiden name of wife in full)

(or) WIFE of ----- (Husband's name in full)

6 IF STILLBORN, enter that fact here. STILLBORN.

7 AGE X Years X Months X Days If less than 1 day X Hours X Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----

10 Date deceased last worked at this occupation (month and year) -----

11 Total time (years) spent in this occupation -----

12 BIRTHPLACE (City) Fort Banks, (State or country) Winthrop, Mass.,

13 NAME OF FATHER Charles M. Brown

14 BIRTHPLACE OF FATHER (City) New York, (State or country) New York.

15 MAIDEN NAME OF MOTHER Dorothy Trainor

16 BIRTHPLACE OF MOTHER (City) Winthrop, (State or country) Mass.,

17 Informant Parents. (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/18/30 (Date of Issue of Permit)

18 DATE OF DEATH November 17, 1930. (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1930, 19, to XXXXXXXXXXXX, 19

DEATH SAID TO OCCUR AT XXXXXXXXXXXX, 1930, death is said to have occurred on the date stated above, at 4.15 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Stillborn, due to abortion 5th month.

Date of onset

Contributory causes of importance not related to principal cause:

Unknown.

Name of operation XXX Date of XXXX

What test confirmed diagnosis? XXXXX Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? XXXX

If so, specify XXXXXX (Signed) O. H. C. Major, M. C., M. D. (Address) Fort Banks, Mass., Date 11/17, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop (Cemetery) (City or town)

DATE OF BURIAL Nov - 18 1930

22 NAME OF UNDERTAKER W. R. Brown

ADDRESS Winthrop, Mass.

Received and filed 19 2

A TRUE COPY, ATTEST:

(Registrar)

Revised United States Standard Certificate of Death

Nov. 17. 1930

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. Do not mode of dying, e. g., heart failure, asphyxia, ashenia, etc. A principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.—*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.—*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chilblain, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Suffolk

(County)

Boston

(City or Town)

No. Hebrew Home for the Aged

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Boston

(City or town making return)

Registered No. 206

2 FULL NAME Jacob Rachesky

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 35 Mermaid Ave.

St.,

Ward, Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of

Hannah Gidden

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

67

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Dry Goods Pedler

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

For Himself

10 Date deceased last worked at this occupation (month and year)

1915

11 Total time (years)

spent in this

occupation. yrs.

12 BIRTHPLACE (City)

(State or country)

Russia

13 NAME OF FATHER

David A Rachesky

14 BIRTHPLACE OF FATHER (City)

(State or country)

Russia

15 MAIDEN NAME OF MOTHER

Eva

--

16 BIRTHPLACE OF MOTHER (City)

(State or country)

Russia

17

Informant

(Address)

Louis Rice

Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A E C

(Signature of Agent of Board of Health or other)

November 25,

1930

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

18 DATE OF

DEATH

November

24,

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from November 22, 1930 to November 24, 1930

I last saw him alive on November 24, 1930, death is said

to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Cardiac Failure Senility

?

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H H Udelson

M. D.

(Address) Boston, Mass.

Date 11/25/30

21 PLACE OF BURIAL, CREMATION OR REMOVAL Lynn Hebrew Wakefield

(Cemetery)

(City or town)

DATE OF BURIAL

November 25,

1930

22 NAME OF UNDERTAKER

M Stanetsky

ADDRESS

Boston, Mass.

Received and filed

November 28,

1930

A TRUE COPY, ATTEST

(Registrar)

Jack Rackerby
Nov. 24. 1930.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 207

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 33 North Ave

St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Elizabeth A. (Dowling) Sullivan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 33 North Ave.

(Usual place of abode)

St., Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John Sullivan
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 86 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Stamford
(State or country) Connecticut

13 NAME OF FATHER John Dowling

14 BIRTHPLACE OF FATHER (City) Halifax
(State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Margaret Shea

16 BIRTHPLACE OF MOTHER (City) Albany
(State or country) New York

17 Informant Emma E. Sullivan
(Address) 33 North Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childs
(Signature of Agent of Board of Health or other)

Health Officer 11/29/30
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 27 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

1930, to Nov 27, 1930

I last saw him alive on Nov 26, 1930, death is said

to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Chest Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 220 Commonwealth Ave Date 11/27 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Holliston
(Cemetery) (City or town)

DATE OF BURIAL December 1 1930 19

22 NAME OF UNDERTAKER John T. O'Malley

ADDRESS Winthrop Mass.

Received and filed 11/29/30 1930

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *vital mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier or other conditions, if any related to the principal cause and any important conditions of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause may appear in either first,

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease or which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required for the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a *rectal* as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumaticism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit
with Board of Health
or its Agent.

Registered No. 206

1 PLACE OF DEATH
Suffolk (County)
Wentworth (City or Town)
No. 7 Wilshire St. St., Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Louise Ehrhorn
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 7 Wilshire
(Usual place of abode)

St., Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 6 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced

HUSBAND of

Louise Erric

(Give maiden name of wife in full)

(or) WIFE of

Gerardina Ehrhorn

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 45 Years 8 Months 17 Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country)

Donawanda N.Y.

13 NAME OF FATHER

August Erric

14 BIRTHPLACE OF FATHER (City) (State or country)

Germany

15 MAIDEN NAME OF MOTHER

Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country)

Germany

17 Informant (Address)

Son Leroy Ehrhorn 7 Wilshire St. Wentworth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 27, 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from November 27, 1930, to November 27, 1930.

I last saw her alive on November 27, 1930, death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Angina Pectoris
Coronary Thrombosis

Date of onset
1930

Contributory causes of importance not related to principal cause:

Chronic Myocardial Degeneration

Name of operation none Date of What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?

If so, specify Just Abramo M.D. (Signed) 5625 Hurley St. (Address) Date Nov 28, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Niagara Cemetery (City or town)

DATE OF BURIAL Nov 28 1930

22 NAME OF UNDERTAKER Frank G. Brown ADDRESS East Boston

Received and filed 1930

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soup factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchant*, and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related to the principal cause, name earlier morbid conditions, if any, related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where the same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 40, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... *Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first,

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 219

1 PLACE OF DEATH
Winthrop
(City or Town)No 40 Orlando Ave., St., Ward { (If death occurred in a hospital or institution,
give its NAME instead of street and number)2 FULL NAME Annie G. Morris
(If deceased is a married, widowed or divorced woman, give also maiden name.)(If U. S.
War Veteran,
specify WAR)(a) Residence. No. 40 Orlando Ave., St., Ward, Winthrop, Mass.
(If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE (write the word)
MARRIED
WIDOWED
or DIVORCED single

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 Years 10 Months 27 Days If less than 1 day
Hours MinutesOCCUPATION 8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. House work
9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Own Home
10 Date deceased last worked at
this occupation (month and year) Oct. 1930 11 Total time (years)
spent in this occupation 5012 BIRTHPLACE (City)
(State or country) Bangor, Maine.PARENTS 13 NAME OF
FATHER Daniel Morris14 BIRTHPLACE OF
FATHER (City) Bangor, Maine.
(State or country)15 MAIDEN NAME
OF MOTHER Elsie Merrill.16 BIRTHPLACE OF
MOTHER (City) Bangor, Maine.
(State or country)17 Daniel Morris
Informant (Address) Longwood Towers, Brookline, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued.Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Date of Issue of Permit) 12/1/30
(Official Designation)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH November 29 - 1930
(Month) (Day) (Year)19 I HEREBY CERTIFY That I attended deceased from
Oct 10 1930, to Nov 29, 1930.I last saw her alive on Nov 29, 1930, death is said
to have occurred on the date stated above, at 11:30 a.m.The principal cause of death and related causes of importance in order of
onset were as follows:Angina Pectoris and
myocarditis

Contributory causes of importance not related to principal cause:

Broncho pneumonia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Edward J. Morris, M. D.
(Address) 476 Shirley St. Date 11-30-193021 PLACE OF BURIAL,
CREMATION OR REMOVAL Forest Hills Crematory
(Cemetery) (City or town)
DATE OF BURIAL Dec. 2 193022 NAME OF
UNDERTAKER J. S. Watkinson & Sons.
ADDRESS Boston, Mass.

Received and filed Dec. 2 1930

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions if any related to the principal cause, and any important complication of the principal cause. Under contributory causes of importance related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the duration as required by section one, where same was contracted, the date of his last illness, when last seen alive by the physician or officer and the date of his death....
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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

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RULES OF PRACTICE

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- (3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first

Nov. 29. 1930

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *can home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

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Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three, causes, the principal cause may appear in either first,

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of the undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, when same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate of sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 43, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of these laws calls for the observance of the following rules of practice: will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance of which physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

Westborough

(City or town making return)

Registered No. 19121

PLACE OF DEATH

Worcester

(County)

Westborough

(City or Town)

No. State Hospital

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME Louise Hall

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 44 Fawnbar Ave., St., Ward, Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 7 yrs. 3 mos. 27 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Walter Hall

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 66 Years - Months - Days If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housework

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10 Date deceased last worked at
this occupation (month and
year)11 Total time (years)
spent in this
occupation

12 BIRTHPLACE (City)

Norwood,

(State or country)

Mass.

13 NAME OF
FATHER

Louis Boehr

14 BIRTHPLACE OF
FATHER (City)

(State or country)

Germany

15 MAIDEN NAME
OF MOTHER

Maria Stocklein

16 BIRTHPLACE OF
MOTHER (City)

(State or country)

Germany

Records

17

Informant
(Address)

Westborough State Hospital

I HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

November

29,

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Aug. 2, 1933 to Nov. 29, 1930

I last saw her alive on Nov. 29, 1930, death is said

to have occurred on the date stated above, at 9.10 a.m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Cerebral Hemorrhage

Nov. 28

Contributory causes of importance not related to principal cause:

Name of operation Clinical Date of

What test confirmed diagnosis? findings Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

Emma H. Fay

(Signed)

M. D.

(Address) Westborough, Mass. Date 11-29, 1930

21 PLACE OF BURIAL Forest Hills Boston

CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 2,

19

30

22 NAME OF
UNDERTAKER J. S. Waterman & Sons,

ADDRESS 497 Comm. Ave., Boston, Mass.

Received and filed

1930

A TRUE COPY, ATTEST:

(Registrar)

Louis Hall
Nov. 29, 1922

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



To be filed for burial permit
with Board of Health
or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 212

1 PLACE OF DEATH

Suffolk County
Winthrop
(City or Town)

No. 170

Winthrop Community

St.

Ward

If death occurred in a hospital or institution,
give its NAME instead of street and number

2 FULL NAME

James Mc Nabb

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 107 Charter

St. 3 Ward

Boston Mass

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days

How long in U. S., if of foreign birth?

yrs.

mos.

days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE

(write the word)

MARRIED

WIDOWED

or DIVORCED

Married

5a If married, widowed or divorced

HUSBAND of

Anna E Mc Nabb

(Give maiden name of wife in full)

(or) WIFE of

Manner

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE 69 Years X Months X Days If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Public Works Dept City of Boston

10 Date deceased last worked at this occupation (month and year)

1925

11 Total time (years) spent in this occupation

35

12 BIRTHPLACE (City) (State or country)

Keene New Hampshire

13 NAME OF FATHER

William Mc Nabb

14 BIRTHPLACE OF FATHER (City) (State or country)

Ireland

15 MAIDEN NAME OF MOTHER

Mary Abrams

16 BIRTHPLACE OF MOTHER (City) (State or country)

Ireland

17

Informant (Address)

Anna E Mc Nabb 107 Charter St Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

12/3/30

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December 3 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY That I attended deceased from

Dec. 2 1930 to Dec. 3 1930

I last saw him alive on Dec. 3 1930, death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

General Paralysis

Date of onset

12/2/30

Contributory causes of importance not related to principal cause:

Strangulated Hernia with perforated small intestine

12/1/30

Name of operation

Laparotomy

Date of

What test confirmed diagnosis?

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

George H. S. Purdy

M. D.

(Address)

43 Brimley St

Date

1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross Malden

(Cemetery)

(City or town)

DATE OF BURIAL

Dec. 6

1930

22 NAME OF UNDERTAKER

P. J. Mc Ardle

ADDRESS

100

Received and filed

Dec. 15

1930

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as of *school* or *at home*. For a woman whose only occupation was that of housewife, write *housewife*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *reel mechanics* and *wholesale mechanics*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asthma, etc. As principal cause name the disease causing death. As related causes, name earlier named conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1912
<i>Cerebral hemorrhage</i>	July 5, 1917

Contributory causes of importance not related to principal cause:

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health in writing. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectly, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*
He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purposes of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicaemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,

1 PLACE OF DEATH
 {
 Suffolk (County)
 Winthrop (City or Town)
 No. near 63 main St Winthrop Mass Ward {



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 MEDICAL EXAMINER'S
 CERTIFICATE OF DEATH

To be filed for burial
 permit with Board of
 Health or its Agent.

Registered No. 213

(If death occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME Hadoram Smith
 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
 War Veteran,
 specify WAR)

(a) Residence. No. 63 main St Winthrop Mass Ward,
 (Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
 4 COLOR OR RACE White
 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widower

5a If married, widowed, or divorced
 HUSBAND of Edith M. Rempton
 (Give maiden name of wife in full)

(or) WIFE of
 (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years X Months X Days If less than 1 day Hours Minutes

OCCUPATION
 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
 10 Date deceased last worked at this occupation (month and year) 2 yrs
 11 Total time (years) spent in this occupation 50 yrs

12 BIRTHPLACE (City) Liverpool
 (State or country) Nova Scotia

13 NAME OF FATHER Unable to obtain.

14 BIRTHPLACE OF FATHER (City)
 (State or country)

15 MAIDEN NAME OF MOTHER

16 BIRTHPLACE OF MOTHER (City)
 (State or country)

17 Informant Mrs. Jesse C Campbell
 (Address) 490 Pleasant St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

H. M. D. Childress
 (Signature of Agent of Board of Health or other)

Health Officer
 (Official Designation)

12/6/30
 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec - 3 - 1930
 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

acute Cardiac Failure
 Probably Coronary Sclerosis
 General Arterio Sclerosis
 Found dead in his own room

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED

(Signed) M. Buckley, M. D.

(Address) 524 Corn St Boston - 5 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
 (Cemetery) (City or town)

DATE OF BURIAL December 7, 1930

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop, Mass.

Received and filed 1930

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposedly due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and **manner** thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS



STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 214

PLACE OF DEATH

Suffolk
Winthrop
(County)
Winthrop
(City or Town)

No. Community Hosp St., 1 Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter H Marsh

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. Beacon Villa St., 1 Ward, (If nonresident, give city or town and state)

Length of residence in city or town where death occurred / yrs. - mos. - days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Katherine E. Bellows. (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years 10 Months 23 Days If less than 1 day Hours Minutes

OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pas Agt B+ARR 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road 10 Date deceased last worked at this occupation (month and year) Dec 3/30 11 Total time (years) spent in this occupation 35 yrs

12 BIRTHPLACE (City) New Hampshire (State or country)

13 NAME OF FATHER Leonard Marsh

14 BIRTHPLACE OF FATHER (City) Not known (State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Caroline Brooks

16 BIRTHPLACE OF MOTHER (City) Not known (State or country) New Hampshire

17 Informant (Address) Wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/5/30

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 4, 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1930, to Dec 4, 1930

I last saw him alive on Dec 4, 1930, death is said to have occurred on the date stated above, at 1 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Natural causes
Probably Central
Hemiplegia

Date of onset

Dec 3 1930

Contributory causes of importance not related to principal cause:

Name of operation No. Date of What test confirmed diagnosis Personal autopsy Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No If so, specify Raymond B Barker (Signed) M. D. (Address) Winthrop House of Health Date Dec 5 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Springfield (Cemetery) Springfield Mass (City or town)

DATE OF BURIAL Dec 6, 1930 19

22 NAME OF UNDERTAKER Walter J. White ADDRESS 151 Pleasant St Winthrop Mass

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, the date and place of death, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.

Gen. Laws, Chap. 40, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body

which has not been buried, until he has received a permit from the board of health.

the board or health or its agent appointed to issue such permits, or if there is no such board from the date of the termination of the

person died; and no undertaker or other person shall exhumate a human

body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body

is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an

[illegible]

as required by section ten of chapter forty-six, that the deceased was in the army, navy or marine corps of the United States in any service in which he has been engaged, such record shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom it is thus so given and the physician certifying the cause of death shall be deemed to have furnished the necessary information and shall not be required to furnish any other necessary information.

Medical examinations of

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the

town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L., as amended*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under **cause**, the nature of an injury and of its consequences; and (2) under **manner**, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to **disease**, specify: (1) Under **cause**, its known or presumable nature; and (2) under **manner**, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Dec. 6, 1930.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston 016
(City or town making return)

Registered No. 17217

1 PLACE OF DEATH
Suffolk
(County)
Boston
(City or Town)

No. Motor Car (taxicab) enroute Roxas Wharf and 52 Clinton St. Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fred M. Leonard
(It deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 55 Washington Ave. St., Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

18 DATE OF DEATH December 9, 1930
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND of Marion B. Jones
(Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Natural causes:-

Cardio Vascular disease - coronary sclerosis. (Clinical history of angina pectoris.) Died suddenly in a taxicab.

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years Months Days If less than 1 day Hours Minutes

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident, Suicide or Homicide? Date of injury 19

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit & Produce
10 Date deceased last worked at this occupation (month and year) Dec. 10
11 Total time (years) spent in this occupation 50 yrs

Where did injury occur? (City or town and State)

Manner of Injury
Nature of Injury

12 BIRTHPLACE (City) Bridgewater
(State or country) Mass.

13 NAME OF FATHER Lewis Leonard

14 BIRTHPLACE OF FATHER (City) Middleton
(State or country) Mass.

15 MAIDEN NAME OF MOTHER -- --

16 BIRTHPLACE OF MOTHER (City) -- --
(State or country)

21 Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) G. B. Lagrath M. D.
(Address) Med. Examiner Date 12/9/19 30

22 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Winthrop
(Cemetery) (City or town)
DATE OF BURIAL Dec. 12, 19 30

23 NAME OF UNDERTAKER C R Bennison
ADDRESS Winthrop, Mass.

Received and filed December 11, 19 30

A TRUE COPY, ATTEST James J. Mulvey Registrar

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

C Sullivan

(Signature of Agent of Board of Health or other)

Dec. 9, 1930

(Official Designation)

(Date of Issue of Permit)

⑤ Dec. 9. 1930

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-'29. No. 7180-b

PLACE OF DEATH

Middlesex

(County)

Tewksbury, Mass.

(City or Town)

No. State Infirmary

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 529

2 FULL NAME

Charles E. Shorey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

St., Ward,

Winthrop

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

3 mos.

29 days.

How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

Martha H. Demund

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

78

1

5

If less than 1 day

AGE

Years

Months

Days

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Real Estate

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)

Somersworth

(State or country)

N.H.

PARENTS

13 NAME OF FATHER

Isah Shorey

14 BIRTHPLACE OF FATHER (City)

Berwick

(State or country)

Maine

15 MAIDEN NAME OF MOTHER

Orinda Moulton

16 BIRTHPLACE OF MOTHER (City)

Parsonfield

(State or country)

N.H.

17

Informant (Address)

Hospital Records

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

John H. Nichols, Supt.

(Signature of Agent of Board of Health or other)

December 9, 1930

(Official Designation)

(Date of Issue of Permit)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATH

State Infirmary

Tewksbury, Mass.

(City or town making return)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

December

9

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

August 10

1930, to

December 9

1930

I last saw him alive on

December 9

1930

death is said to have occurred on the date stated above, at

8.10 AM

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Myocarditis

Unknown

Contributory causes of importance not related to principal cause:

Name of operation

Date of

What test confirmed diagnosis? Phys. Exam

Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene F. Allen

M. D.

(Address) State Infirmary

Date 12/9 1930

21 PLACE OF BURIAL, Winthrop, Winthrop

CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL December 11,

19 30

22 NAME OF UNDERTAKER C. R. Bennison

ADDRESS 137 Winthrop St. Winthrop

Received and filed December 9, 1930

John H. Nichols, Supt.

A TRUE COPY, ATTEST:

(Registrar)

Dec. 9, 1936

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)
Registered No. 217

1 PLACE OF DEATH
Suffolk
(County)
Winthrop
(City or Town)
No. 304 Winthrop St., Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary J. (Harvey) White
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 217

(a) Residence. No. 304 Winthrop St., Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED married (write the word)

5a If married, widowed, or divorced HUSBAND of

(or) WIFE of John J. White
(Give maiden name of wife in full)
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 46 Years Months Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10 Date deceased last worked at this occupation (month and year) Dec 1929 11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) Waltham (State or country) Massachusetts

13 NAME OF FATHER Charles J. Harvey

14 BIRTHPLACE OF FATHER (City) Waltham (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Ellen L. Lanagan

16 BIRTHPLACE OF MOTHER (City) Waltham (State or country) Massachusetts

17 Informant John P. White (Address) 304 Winthrop St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Winthrop, Mass.
(Signature of Agent of Board of Health or other)

agent 12/13/30
(Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH Dec 12 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1929, to Jan 1, 1930

I last saw her alive on Dec 12, 1930, death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of the breast 1929

Contributory causes of importance not related to principal cause:

Name of operation Amputation of breast Date of 1929

What test confirmed diagnosis? Microscopic Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) John P. White M. D.

(Address) 304 Winthrop St Date 2-2-30

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Waltham (Cemetery) (City or town)

DATE OF BURIAL Dec 14 1930

22 NAME OF UNDERTAKER John F. O'Malley

ADDRESS 79 Atlantic St Winthrop

Received and filed 1930

A TRUE COPY, ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.
- In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *car painter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
.....
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	<i>May 3, 1927</i>

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a rectal, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such rectal shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

"He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made....*Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken. Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

Boston

(City or town making return)

STANDARD
CERTIFICATE OF DEATH

Registered No. 10415

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Strong Hospital

St.,

Ward {

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie M. Snyder

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR)

(a) Residence. No. 37 Temple Ave.

St., Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Widowed (write the word)

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John Snyder (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 41 Years 8 Months 15 Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baccarax Studio, Lynn

10 Date deceased last worked at this occupation (month and year) Nov. 1930 11 Total time (years) spent in this occupation 20 yrs.

12 BIRTHPLACE (City) Ossining (State or country) N Y

13 NAME OF FATHER Aaron L. Snook

14 BIRTHPLACE OF FATHER (City) Fishkill (State or country) N Y

15 MAIDEN NAME OF MOTHER Mary Young

16 BIRTHPLACE OF MOTHER (City) Catchewau (State or country) N Y

17 Informant Aaron L. Snook (Address) Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

A. E. C.

(Signature of Agent of Board of Health or other)

Dec 16, 1930

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH December 15, 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from November 26, 1930 to December 15, 1930.

I last saw her alive on December 15, 1930, death is said to have occurred on the date stated above, at 8:05P m.

The principal cause of death and related causes of importance in order of onset were as follows:

Streptococcus Peritonitis Dec 7 (Haemolytic)

Contributory causes of importance not related to principal cause:

Acute Bronchitis Toxaemia

Name of operation Appendicitis Date of 11/27/30 What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. H. Strong, M. D. (Address) 52 Monument St. Date 12/16/30

21 PLACE OF BURIAL, CREMATION OR REMOVAL Poughkeepsie N. Y. (Cemetery) (City or town)

DATE OF BURIAL December 19, 1930

22 NAME OF UNDERTAKER Richard C. Kirby

ADDRESS E Boston, Mass.

Received and filed December 18, 1930

A TRUE COPY, ATTEST:

(Registrar)

Dec. 16, 1930

Dec. 15, 1932

200M-11-29. No. 7180-a



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)
Registered No. 2348 217

1 PLACE OF DEATH

Suffolk
(County)

Winthrop
(City or Town)

No. 134 Circuit Road St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph R. Donovan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 134 Circuit Road, Winthrop St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Married (write the word)

5a If married, widowed, or divorced HUSBAND of Blanche Donoghue (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 32 Years 3 Months 19 Days If less than 1 day Hours Minutes

OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office 10 Date deceased last worked at this occupation (month and year) June 1928 11 Total time (years) spent in this occupation 8

12 BIRTHPLACE (City) Winthrop, Mass. (State or country)

13 NAME OF FATHER John E. Donovan

14 BIRTHPLACE OF FATHER (City) East Boston, Mass. (State or country)

15 MAIDEN NAME OF MOTHER Catherine L. Donovan

16 BIRTHPLACE OF MOTHER (City) East Boston, Mass. (State or country)

17 Informant Mrs. Blanche Donovan (Address) 134 Circuit Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 12/21/30 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 19, 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1930, to Dec 19, 1930.

I last saw him alive on Dec 19, 1930, death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Uremia

Date of onset

12/19

Contributory causes of importance not related to principal cause:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? L If so, specify (Signed) C. M. M. M. D. (Address) 4 Winthrop St. Date 12/21/30

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden (Cemetery) (City or town)

DATE OF BURIAL Dec 22, 1930 19

22 NAME OF UNDERTAKER R. C. R. C. R.

ADDRESS Winthrop- Boston.

Received and filed 19

A TRUE COPY, ATTEST:

(Registrar)

003.19.19.28

FROM THE LAWS OF THE

GOVERNING THE

A physician's responsibility

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, or of any person at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of the death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, with any other facts which may be of assistance in ascertaining the cause of death, when same was contracted, the duration of his last illness, with any other facts which may be of assistance in ascertaining the cause of death.

Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or exhume any

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Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb to other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent, alleged and from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a receipt, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any year in which it has been engaged, such receipt shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence...*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 1.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into this Commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the clerk of the city or town where the body is to be buried, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. *Chap. 114, Sec. 46, G. L., as amended.*

State cause for which surgical operation was undertaken.
Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
**STANDARD
CERTIFICATE OF DEATH**



Middlesex

(County)

Cambridge

(City or Town)

No. Holy Ghost Hospital

St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

Cambridge

(City or town making return)

Registered No. 1641220

1 PLACE OF DEATH

2 FULL NAME

Elizabeth Hogan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 16 Adams St.

St.,

Ward, Winthrop

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 SINGLE

MARRIED

WIDOWED

or DIVORCED

(write the word)

Single

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

52

AGE Years Months Days

If less than 1 day

Hours Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Bookkeeper

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Gen Electric

10 Date deceased last worked at
this occupation (month and
year)

Dec 1929

11 Total time (years)

spent in this

occupation

24 yrs

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

PARENTS

13 NAME OF
FATHER

Jeremiah Hogan

14 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME
OF MOTHER

Julia Sullivan

16 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

17

Informant
(Address)

Mr Edward Moore

16 Adams St. Winthrop

A TRUE COPY.

ATTEST:

(Registrar of city or town where death occurred)

Dec 19 1930

DATE FILED

19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF
DEATH

Dec 19 1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from
Dec 1 1930 to Dec 19 1930

I last saw her alive on Dec 19 1930, death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

Carcinoma of bladder
Chronic Nephritis and
Myocarditis

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F Fair

M. D.

(Address) 81 Dana St.

Date 12/19 1930

21 PLACE OF BURIAL, Calvary Cem. Boston
CREMATION OR REMOVAL

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 22 1930

19

22 NAME OF
UNDERTAKER Eugene P Sullivan

ADDRESS Winchester

Received and filed Jan. 7. 1931 19

(Registrar of City or Town where deceased resided)

Elizabeth Morgan
Dec. 19, 1938

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-11-29. No. 7180-b



The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Boston

(City or town making return)

Registered No. 13586

1 PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. Palmer Memorial Hospital

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Mrs. Sadie Flynn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,

specify WAR.)

(a) Residence. No. 86 Summit Ave.

St.,

Ward,

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE

(write the word)

Female

White

MARRIED

Married

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Dana Flynn

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

50

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Saleslady

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

R. I. Stearns Co.

10 Date deceased last worked at this occupation (month and year)

Sept. 1929

11 Total time (years) spent in this occupation

12 yrs.

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF FATHER

Noah Seaman

14 BIRTHPLACE OF FATHER (City)

New York

(State or country)

15 MAIDEN NAME OF MOTHER

Isabelle Gallagher

16 BIRTHPLACE OF MOTHER (City)

New York

(State or country)

17

Informant

Isabelle Flynn

(Address)

Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

December 22, 1930

(Official Designation)

(Date of Issue of Permit)

18 DATE OF DEATH

December

21

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

December 6, 1930 to December 21, 1930

I last saw her alive on December 20, 1930, death is said to have occurred on the date stated above, at 8:35A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Carcinoma cervix uteri

6-29

Contributory causes of importance not related to principal cause:

Bilateral pyelonephritis with hydronephrosis.

3 mos.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Swan, Jr.,

M. D.

(Address)

Boston, Mass.

Date

12/21/30

21 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt. Auburn

Cambridge

(Cemetery)

(City or town)

DATE OF BURIAL

December

23

1930

22 NAME OF UNDERTAKER

R. C. Kirby

ADDRESS

Boston, Mass.

Received and filed

December

24

1930

A TRUE COPY, ATTEST

(Registrar)

State of Tenn

Dec. 21, 1932

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-29, No. 7180-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



(City or town making return)

Registered No. 222

PLACE OF DEATH

No. Community Hosp. St., 1 Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.
War Veteran,
specify WAR)

(a) Residence. No. 51 Evergreen Ave. Revere St., 1 Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred — yrs. — mos. — days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) ✓

5a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE 1 Years 2 Months 3 Days If less than 1 day 4 Hours 5 Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation ✓

12 BIRTHPLACE (City) Community Hosp (State or country) Winthrop Mass

13 NAME OF FATHER Frank Harnett

14 BIRTHPLACE OF FATHER (City) Halifax (State or country) England

15 MAIDEN NAME OF MOTHER Eleanor Barnes

16 BIRTHPLACE OF MOTHER (City) Beaumont (State or country) Revere

17 Informant (Address) Father Beaumont Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other) Health officer 12/30/30 (Official Designation) (Date of Issue of Permit)

18 DATE OF DEATH Dec 23, 1930 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1930, to , 19 , 19

I last saw h..... alive on....., 19....., death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

20 Was disease or injury in any way related to occupation of deceased?.....

If so, specify Frank & Sarah

(Signed) 56 Shady St. M. D.

(Address) Revere Mass Date Dec 26, 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) (City or town)

DATE OF BURIAL Dec 29 - 1930 19

22 NAME OF UNDERTAKER Walter T. White

ADDRESS Winthrop Mass

Received and filed Dec 31 1931

A TRUE COPY, ATTEST:

(Registrar)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSSTANDARD
CERTIFICATE OF DEATHTo be filed for burial permit
with Board of Health
or its Agent.

Registered No. 023

PLACE OF DEATH

Suffolk
(County)Winthrop
(City or Town)

No. 50 Hutchins St.,

Ward {

(If death occurred in a hospital or institution,
give its NAME instead of street and number)

2 FULL NAME

Mary Frances Gaffney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S.

War Veteran,
specify WAR)

(a) Residence. No. 50 Hutchins St.,

Ward,

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred

yrs.

mos.

days. How long in U. S., if of foreign birth?

yrs.

mos.

days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

18 DATE OF
DEATH

12/27/30.

(Month)

(Day)

(Year)

5a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

78

Years

Months

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Groomer

9 Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Publishing house

10 Date deceased last worked at
this occupation (month and
year)

July 1923

11 Total time (years)
spent in this
occupation 30

12 BIRTHPLACE (City)

Boston

(State or country)

Mass.

13 NAME OF
FATHER

Andrew Gaffney

14 BIRTHPLACE OF
FATHER (City)

Ireland

(State or country)

15 MAIDEN NAME
OF MOTHER

Catherine Fitzpatrick

16 BIRTHPLACE OF
MOTHER (City)

Ireland

(State or country)

17

Informant
(Address)Mary L. Gaffney
50 Hutchins St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was
filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

12/27/30

19 I HEREBY CERTIFY, That I attended deceased from

12/26

1930

to 12/27

1930

I last saw him alive on 12/27, 1930 death is said

to have occurred on the date stated above, at 4:00 m.

The principal cause of death and related causes of importance in order of
onset were as follows:

Date of onset

acute myocarditis.

Contributory causes of importance not related to principal cause:

Bronchial Pneumonia 12/26

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael J. O'Brien

M. D.

(Address) 114 Seely Ave. Boston

Date 12/21 1930

21 PLACE OF BURIAL,
CREMATION OR REMOVAL

Wynwood Brookline

(Cemetery)

(City or town)

DATE OF BURIAL

Dec 29

1930

22 NAME OF
UNDERTAKER

John F. O'Malley

ADDRESS

Winthrop Mass

Received and filed

Dec 29

1930

(Registrar)

Revised United States Standard Certificate of Death

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*hold*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, apoplexy, asphyxia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1911
<i>Cerebral hemorrhage</i>	July 5, 1917
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a signed certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another, or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths **supposable due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

information should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH



(City or town making return)

Registered No. 224

PLACE OF DEATH

Supper -
(County)
Walden
(City or Town)

No. 55 Waldemar Ave. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Homer M. Smith

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

55 Waldemar Ave.

St.

Ward,

(If U. S.

War Veteran, No
(specify WAR)

(Usual place of abode)

(If nonresident, give city or town and state)

Length of residence in city or town where death occurred 18 yrs. - mos. days. How long in U. S., if of foreign birth? 37 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
or DIVORCED

(write the word)

Married

5a If married, widowed, or divorced

HUSBAND of

Margaret Goy Smith

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7

AGE

58

Years

1

Months

21

Days

If less than 1 day

Hours

Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Supply Clerk

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Shawmut Natl Bank

10 Date deceased last worked at this occupation (month and year)

Dec. 1, 1930

11 Total time (years) spent in this occupation

2 years

12 BIRTHPLACE (City)

(State or country)

England

13 NAME OF FATHER

Robert Smith

14 BIRTHPLACE OF FATHER (City)

(State or country)

England

15 MAIDEN NAME OF MOTHER

Harriette White

16 BIRTHPLACE OF MOTHER (City)

(State or country)

England

17

Informant (Address)

Margaret J. Smith, wife
55 Waldemar Ave, Weymouth

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Wm. S. Childers

(Signature of Agent of Board of Health or other)

Health Office

12/30/30

(Official Designation)

(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

Dec.

30

1930

(Month)

(Day)

(Year)

19 I HEREBY CERTIFY, That I attended deceased from

Jan. 15, 1930, to Dec. 28, 1930

I last saw him alive on Dec 28, 1930, death is said

to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of glands of neck with extension to mediastinum and peritoneum

Date of onset

Jan. 1, 1930

Contributory causes of importance not related to principal cause:

Name of operation Dissection of glands of neck Date of 2/16/30

What test confirmed diagnosis? microscopic Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Louis F. Silerino

M. D.

(Address) 9 Central St. C.B. Date 12/30 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Grove Cemetery

(Cemetery)

(City or town)

DATE OF BURIAL Jan. 1, 1931

22 NAME OF UNDERTAKER J. W. Granahan & Son

ADDRESS 316 Mass. Ave., Weymouth

Received and filed

1930

A TRUE COPY, ATTEST:

(Registrar)

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *of school* or *at home*. For a woman whose only occupation was that of housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper*—*private family*, *cook*—*board*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Chronic interstitial nephritis</i>	1915
<i>Atherosclerosis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Contributory causes of importance not related to principal cause:	
<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....
Gen. Laws, Chap. 46, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb or other place, to the cemetery from the board of health or its agent, until he has received a permit from the board of health or its agent, and no such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate, or in case of an exhumation, if any, as required by law, or an affidavit, or a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it, by the selectmen for the purpose, shall upon application make by the undertaker, the required certificate. If death is caused by violence, the certificate required for the purpose shall make such certificate. If the death certificate is obtained as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such record shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith commission the person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....
Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....
Chap. 114, Sec. 46, G. L., as amended.

State cause for which surgical operation was undertaken.
"Primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

Information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY. Exact statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.

200M-11-29. No. 7180-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Winthrop
(City or town making return)
Registered No. 525

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Boston
No. 123456789 St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clarence Casey.
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. Army Base, Boston, Mass. St., Ward, (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. 5 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED Single.
(write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 22 Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation 3

12 BIRTHPLACE (City) Ashfield. (State or country) Massachusetts.

13 NAME OF FATHER George Casey.

14 BIRTHPLACE OF FATHER (City) Nova Scotia. (State or country)

15 MAIDEN NAME OF MOTHER Agnes Gray.

16 BIRTHPLACE OF MOTHER (City) Amherst. (State or country) Massachusetts.

17 Informant Recd at Fort Banks (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childers
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 1/2/31
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 30, 1930
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1930, to Dec. 30, 1930.
I last saw him alive on Dec. 30, 1930, death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute mitral stenosis, chronic, 17 years
Heart with chronic formative
cause undetermined.

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Incision & drainage Date of 1/2/31

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) O. S. Casey M. D.
(Address) Fort Banks, Mass. Date 12/30/30 1930

21 PLACE OF BURIAL, CREMATION OR REMOVAL Camp Devens, Mass.
(Cemetery) (City or town)

DATE OF BURIAL 1/2/31 Jan. 2- 1931

22 NAME OF UNDERTAKER Bannison, C.R.
ADDRESS 147 Winthrop St. Winthrop, Mass.

Received and filed 1931

A TRUE COPY, ATTEST:

(Registrar)

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

Statement of occupation.—Precise statement of occupation very important, so that the relative healthfulness of various occupations can be known. Make some entry in this section for every day of the week, or, if the occupation had been given up or changed 10 years or over. If the occupation had been given up on account of the disease causing death, report the occupation to illness. If the deceased had retired from business, he may be returned as *at school* or *at home*. For a woman, occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman, in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, state the occupation in the appropriate terms, as *housekeeper*, *cook*, *family*, *cook-hold*, etc. For a person who had no occupation while ever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Bind out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *joiner*, *machinist*, etc. Distinguish carefully between *retail merchant* and *wholesale merchant*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asphyxia, etc. As principal cause, name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Atherosclerosis</i>	...
<i>Chronic interstitial nephritis</i>	...
<i>Cerebral hemorrhage</i>	...
<i>Contributory causes of importance not related to principal cause:</i>	
<i>Fracture of arm</i>	...
<i>Automobile accident</i>	...

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Physician or registered hospital medical officer shall forthwith alter the death of a person whom he has attended during illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, for the registration of a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed cause of death, the date of death, defined as required, by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 40B, Sec. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits or if there is no such board, from the clerk of the town where the body died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement explaining the facts required by law to be returned and recorded, which shall be accompanied, in case of an criminal internment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as mechanician provided. If there is no attending physician, or if, for any other reason, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a retail, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such retail shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence... Gen. Laws, Chap. 38, Sec. 6.

He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—Gen. Laws, Chap. 38, Sec. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the internment is made... Chap. 114, Sec. 46, G. L., as amended.

State cause for which surgical operation was undertaken.—Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, chilblains, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.



